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ABSTRACT

The first step of effective intervention with delinquent youth is to identify youth who are engaged in using alcohol and other drugs. This document reviews the American Correctional Association and the Institute for Behavior and Health, Inc. ACA/IBH and The American Probation and Parole Association (APPA) projects that investigated innovative and appropriate methods to identify and intervene with substance-abusing youth involved in the juvenile justice system. This report includes the following sections: rationale; project descriptions; outcomes; benefits; program development; conclusions and recommendations; and future directions. The Rationale examines the extent of substance abuse among youth, drug-involved youth in the juvenile justice system, and consequences of youth substance abuse. Project Descriptions cover program purpose, target audience, principal activities, and information dissemination. Program Outcomes present findings and provide guidance and resource information. Program Development outlines the assessment of needs and resources, and program and policy development. The report's Conclusion states that drug identification strategies, followed by effective interventions, help prevent further illicit drug use and delinquency; specific recommendations for effective programs are outlined. The Future Directions section focuses on systems development training and technical assistance, and skills development training. Contains a glossary and 48 references aud suggested readings. An appendix contains 18 drug-testing forms. (MKA)

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OJJDP sponsors a broad array of research, program, and training initiatives to improve the juvenile justice system as a whole, as well as to benefit individual youth-serving agencies. These initiatives are carried out by seven components within OJJDP, described below.

Research and Program Development Division develops knowledge on national trends in juvenile delinquency; supports a program for data collection and information sharing that incorporates elements of statistical and systems development; identifies how delinquency develops and the best methods for its prevention, intervention, and treatment; and analyzes practices and trends in the juvenile justice system.

Training and Technical Assistance Division provides juvenile justice training and technical assistance to Federal, State, and local governments; law enforcement, judiciary, and corrections personnel; and private agencies, educational institutions, and community organizations.

Special Emphasis Division provides discretionary funds to public and private agencies, organizations, and individuals to replicate tested approaches to delinquency prevention, treatment, and control in such pertinent areas as chronic juvenile offenders, community-based sanctions, and the disproportionate representation of minorities in the juvenile justice system.

State Relations and Assistance Division supports collaborative efforts by States to carry out the mandates of the JJDP Act by providing formula grant funds to States; furnishing technical assistance to States, local governments, and private agencies; and monitoring State compliance with the JJDP Act.

Information Dissemination Unit informs individuals and organizations of OJJDP initiatives; disseminates information on juvenile justice, delinquency prevention, and missing children; and coordinates program planning efforts within OJJDP. The unit's activities include publishing research and statistical reports, bulletins, and other documents, as well as overseeing the operations of the Juvenile Justice Clearinghouse.

Concentration of Federal Efforts Program promotes interagency cooperation and coordination among Federal agencies with responsibilities in the area of juvenile justice. The program primarily carries out this responsibility through the Coordinating Council on Juvenile Justice and Delinquency Prevention, an independent body within the executive branch that was established by Congress through the JJDP Act.

Missing and Exploited Children's Program seeks to promote effective policies and procedures for addressing the problem of missing and exploited children. Established by the Missing Children's Assistance Act of 1984, the program provides funds for a variety of activities to support and coordinate a network of resources such as the National Center for Missing and Exploited Children; training and technical assistance to a network of 47 State clearinghouses, nonprofit organizations, law enforcement personnel, and attorneys; and research and demonstration programs.

The mission of OJJDP is to provide national leadership, coordination, and resources to prevent juvenile victimization and respond appropriately to juvenile delinquency. This is accomplished through developing and implementing prevention programs and a juvenile justice system that protects the public safety, holds juvenile offenders accountable, and provides treatment and rehabilitative services based on the needs of each individual juvenile.

Drug Identification and Testing in the Juvenile Justice System

Summary

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May 1998

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The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.

Foreword

Resources represent investments that should be allocated with prudence. The resources of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) are used to target key aspects of preventing and treating delinquency.

Juvenile drug use, one of these critical areas, has risen significantly over the past several years, with one in two high school seniors in 1996 reporting having used illicit drugs. While this problem is of concern in itself, the clear correlation between substance abuse and other forms of delinquency gives further reason for concern. The prevalence of juvenile drug use, therefore, burdens our juvenile justice system and places the future of our youth at considerable risk.

While we are working to reduce juvenile substance abuse by educating youth about the risks of drug use and reducing the risk factors that contribute to drug use, we must also intervene with youth who are using drugs. The first step to effective intervention, however, is to identify those youth who are engaged in substance abuse. *Drug Identification and Testing in the Juvenile Justice System* highlights findings from two projects funded by OJJDP to demonstrate innovative ways to identify and intervene with substance-abusing juveniles. The outcomes described in this Summary should assist juvenile justice agencies seeking to develop programs to identify, screen, and test youth for illicit drug use. Those who share OJJDP's commitment to protecting our youth and our communities from the tragic toll of drug use will find the information provided in these pages worth reading.

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Acknowledgments

This document summarizes the development and findings from two projects supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The author wishes to acknowledge the many staff, too numerous to mention, who envisioned and implemented these projects for the American Probation and Parole Association, the American Correctional Association, and the Institute for Behavior and Health, Inc. Their diligence in conducting the projects and reporting the results made this publication possible. Staff in the various demonstration sites who carried out drug identification and testing programs and shared their results and experiences also deserve recognition and appreciation. Finally, the support of OJJDP personnel who assisted in each of the projects and were committed to the dissemination of these results is gratefully acknowledged.

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Introduction

Individual young people, their families, communities, and society often experience profound consequences from adolescents' use and abuse of alcohol and other drugs. The juvenile justice system is charged with community protection, holding youth accountable for their behavior, and helping youth develop competencies for their journey toward fulfilling and productive adult lives (Maloney, Romig, and Armstrong, 1988). If juvenile justice agencies and professionals are to reclaim delinquent youth, they must intervene effectively with those who are using alcohol and other drugs. To focus solely on delinquent behavior, to the exclusion of substance abuse, is impractical.

The first step of effective intervention must be the identification of youth who are engaged in using alcohol and other drugs. Once equipped with information about youth in their care who abuse substances, juvenile justice professionals must make appropriate case management decisions and intervene productively to curb youth's delinquent behavior associated with or exacerbated by substance abuse. Drug testing can be used as an intervention tool to help youth overcome denial of substance abuse problems, hold them accountable for their behavior, and underscore a consistent message to all youth about striving to live drug free. Such interventions will enhance the lives of individual youth and their families, protect citizens in the community, and preserve the resources of the juvenile justice system currently being consumed to address juvenile crime related to substance abuse.

Recognizing the critical problem of substance abuse in the juvenile justice system and the need to manage it more effectively, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has funded several projects to investigate innovative and appropriate methods to identify and intervene with substance-abusing youth. Two of these are highlighted in this Summary. OJJDP awarded funding to conduct one of the projects to the American Correctional Association (ACA) and the Institute for Behavior and Health, Inc. (IBH) in October 1989. The American Probation and Parole Association (APPA) received funding in October 1990 to conduct a complementary project. Each organization prepared and provided training and technical assistance to help different types of juvenile justice agencies develop or enhance programs to identify, screen, and test juveniles for illicit drug involvement.

This Summary reviews the ACA/IBH and APPA programs and the findings of each project. Both programs emphasized the development of effective strategies for screening and testing youth for illicit drug use. Alcohol use and abuse is also a critical problem among juveniles. These projects, however, focused on identification of other illegal drug use to assess the utility of implementing relatively new, and not universally trusted, techniques of chemical testing for illicit drug use. Program outcomes provide guidance and resource information, presented later in this document, for juvenile justice agencies wishing to develop similar programs to identify, screen, and test juveniles for illicit drugs.

Rationale

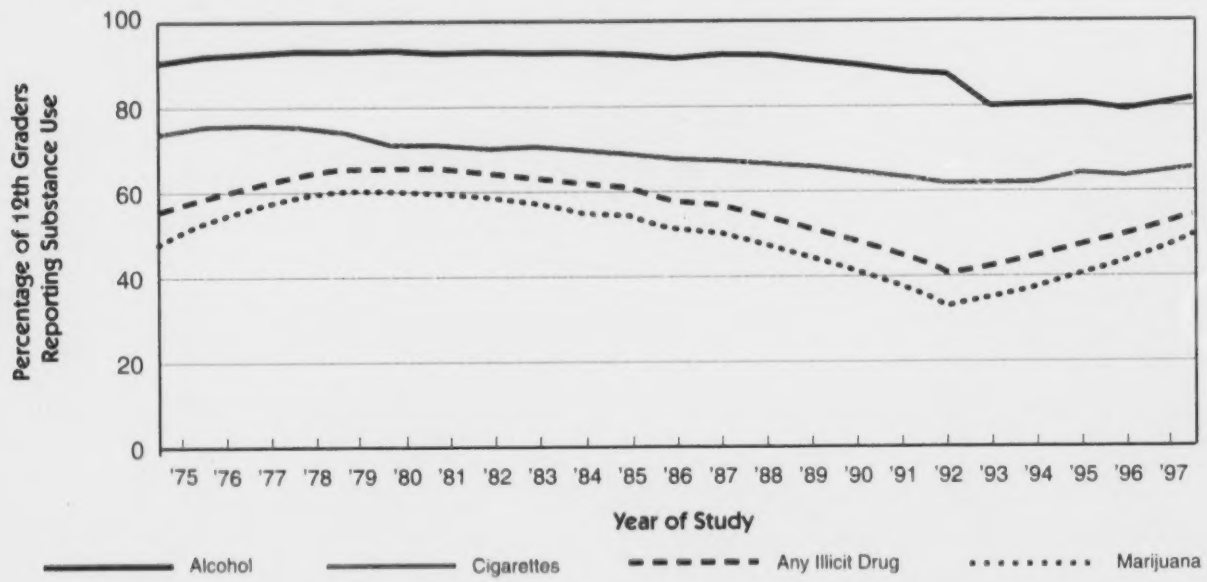
Even with the leveling off that occurred in 1997, rates of illicit drug use among youth are still high. Youth, families, and communities suffer significant negative repercussions when young people use alcohol and other drugs. There is a strong association between substance abuse and delinquency, and the prevalence and effects of alcohol and other drug use among youth place additional burdens on the juvenile justice system.

Extent of substance abuse among youth

The use of alcohol, tobacco, and other drugs by the Nation's youth has been measured since 1975 by the Monitoring the Future study (previously called the High School Senior Survey). Among 12th graders, drug use peaked in 1981, with slightly more than 65 percent of the seniors reporting that they had used an illicit drug sometime in the past. During the following decade, there was a steady decline in the proportion of youth reporting use of illicit drugs during their lives, dropping to a low of 40.7 percent in 1992. Unfortunately, beginning in 1993, this trend reversed; by 1996, 50.8 percent of high school seniors reported using illicit drugs at some time (Institute for Social Research, University of Michigan, 1996). The trends in use of alcohol, tobacco (cigarettes), marijuana, or any illicit drug by 12th graders are shown in figure 1.

Not only are more youth using mood-altering substances than in the previous decade, they are

Figure 1: Lifetime Prevalence of Drug Use by 12th Graders: Monitoring the Future Study



beginning to ingest them at increasingly younger ages. Figure 2 depicts data from the National Household Survey on Drug Abuse showing an overall decline in the average age of first use of alcohol (from 17.2 years in 1975 to 15.9 years in 1993), daily cigarette use (from 18.6 years in 1975 to 16.8 years in 1994), and especially first use of marijuana (from 18.9 years in 1975 to 16.3 years in 1994).

Drug-involved youth in the juvenile justice system

Although studies of drug use among youth involved in the juvenile justice system are not as large in scale, they indicate that substance abuse among delinquents is unacceptably high. Since 1990, the Drug Use Forecasting (DUF) study has measured substance abuse among male detainees/arrestees. Through this study, male juveniles are tested and interviewed in 12 detention centers in the following cities: Birmingham, AL; Cleveland, OH; Denver, CO; Indianapolis, IN; Los Angeles, CA; Phoenix, AZ; Portland, OR; St. Louis, MO; San Antonio, TX; San Diego, CA; San Jose, CA; and Washington, D.C. Participation by youth in the data collection is anonymous and voluntary. Youth testing positive for at least one drug ranged from 19 percent in Portland to 58 percent in Washington in 1995. The percentage of positive results in 1995 for various drugs in each of the test sites is depicted in figure 3. Marijuana was the illicit drug most frequently used by delinquent youth according to these data. The DUF data do not include information on alcohol use by juveniles.

DUF data show increases in illicit drug use by male youth in nearly all locations during a 3-year period. Figure 4 depicts this trend.

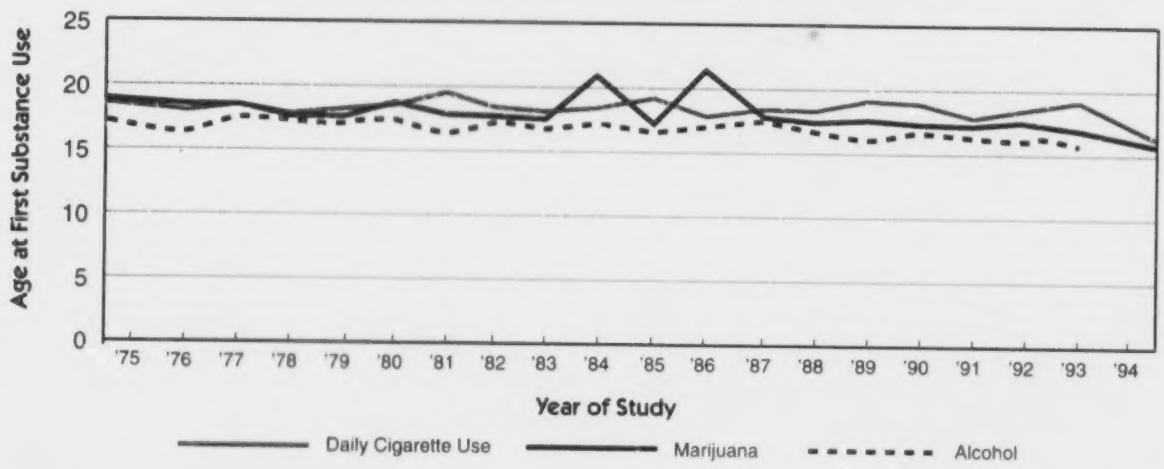
Consequences of youth substance abuse

Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.

Academics

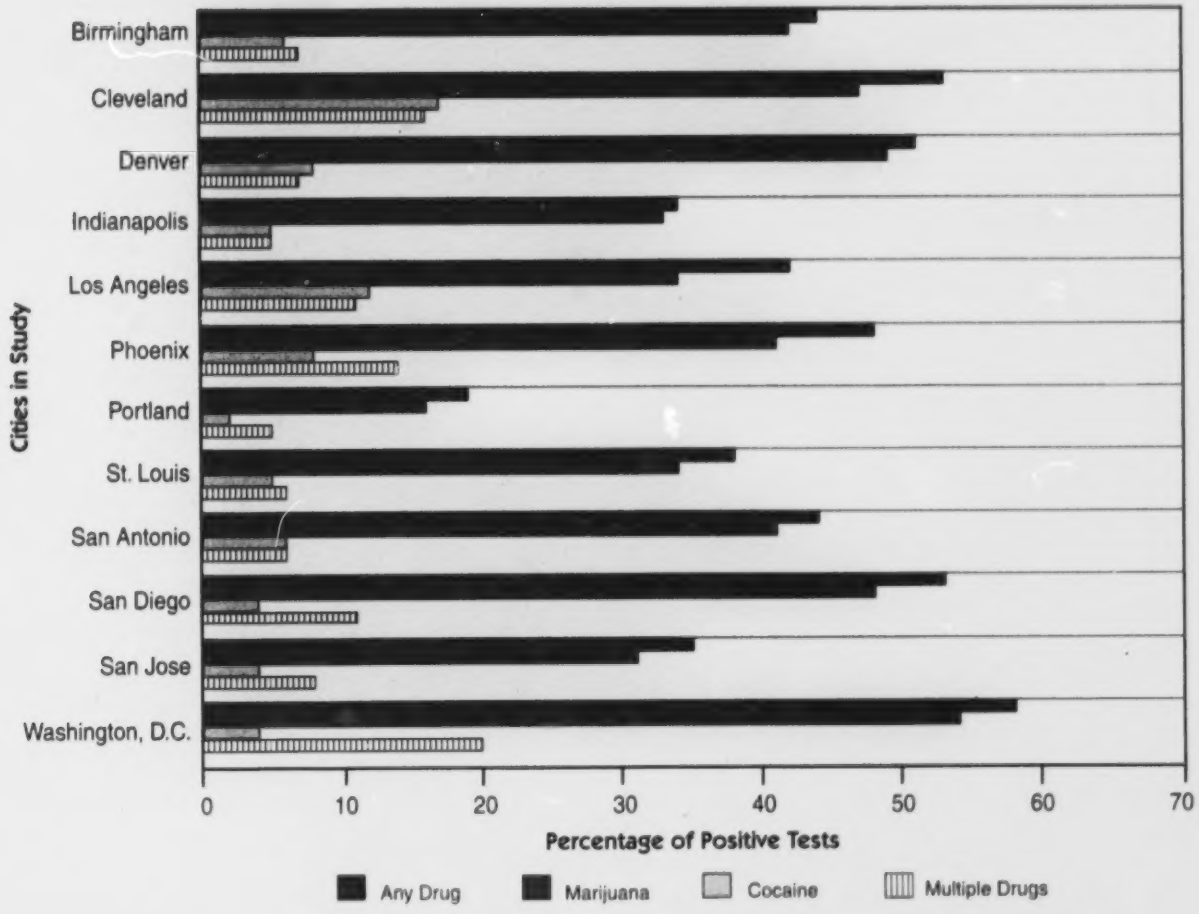
Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse. Hawkins, Catalano, and Miller (1992) cite research indicating that a low

Figure 2: Mean Age at First Use of Substances: National Household Survey on Drug Abuse*



**Data regarding mean age at first use of alcohol were only available up to 1993.*

Figure 3: Percentage of Youth Testing Positive for Drug Use in 1995: Drug Use Forecasting Report



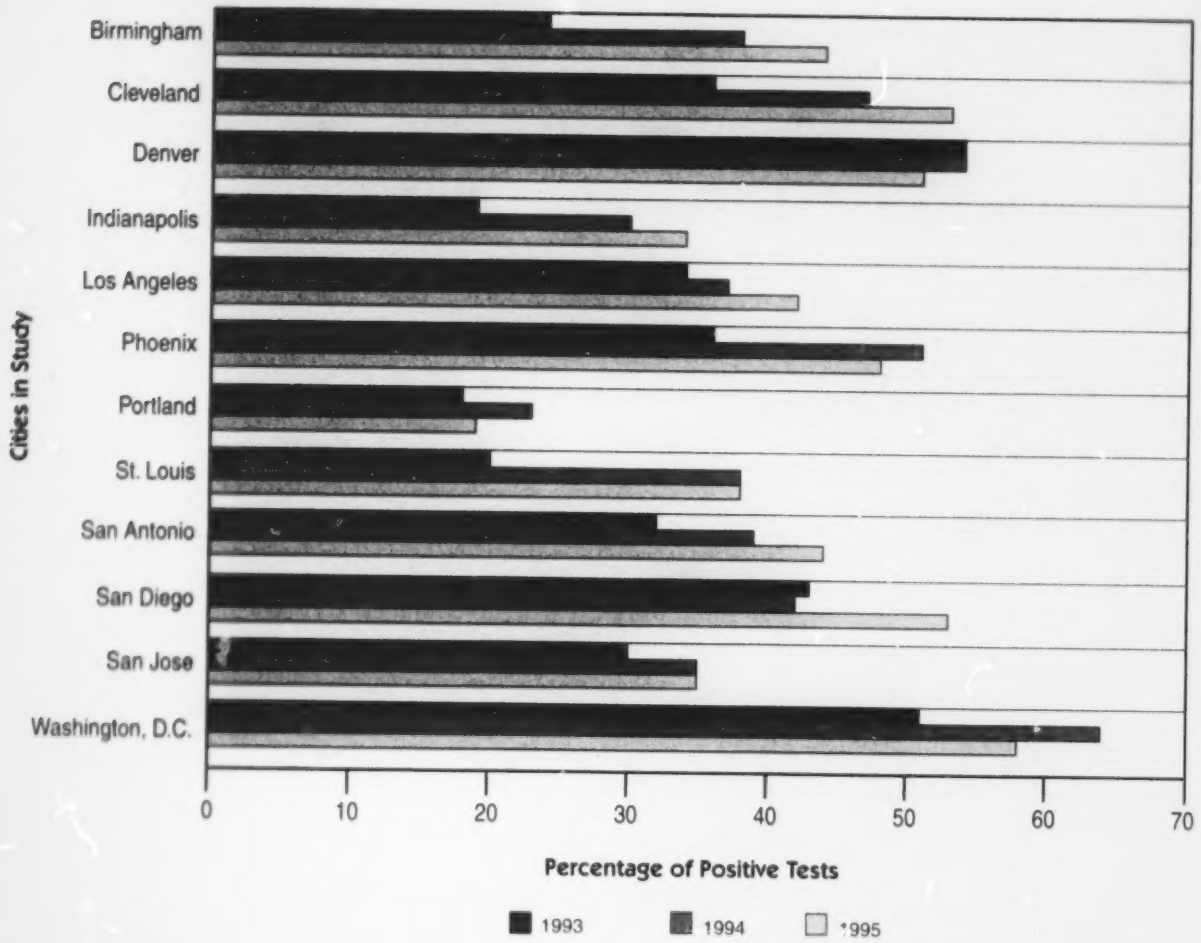
level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioral problems experienced by alcohol- and drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics, 1992).

Physical health

Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of teenage substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness.

The Drug Abuse Warning Network (DAWN) study—in a representative sample of hospitals throughout the United States—reports trends in people seeking emergency department treatment related to illegal drug use or nonmedical use of legal drugs. Preliminary 1994 estimates indicate drug-related emergency department episodes for youth ages 12 to 17 increased by 17 percent from 1993 to 1994. This increase was greater than for any of the older age groups reported. Significantly, emergency department visits related to marijuana/hashish for youth ages 12 to 17 increased 50 percent

Figure 4: Male Juveniles Testing Positive for Any Drug, 1993–1995: Drug Use Forecasting Report



between 1993 and 1994 (McCaig, 1995). Ninety-one youth between the ages of 12 and 17 died of drug abuse in 1993 (Office of Applied Studies, 1994).

Transmission of HIV/AIDS primarily occurs through exposure to body fluids of an infected person during sexual contact or through sharing of unsterile drug-injection equipment. Another primary means of transmission is from mothers to infants during pregnancy or the birth process. Many substance-abusing youth engage in behavior that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behavior resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances. Rates of AIDS diagnoses currently are relatively low among teenagers, compared with most other age groups. However, because the disease has a long latency period before symptoms appear, it is likely that many young adults with AIDS were actually infected with HIV as adolescents.

Although alcohol-related traffic fatalities for youth have declined, young people are still overrepresented in this area. In 1995 alone, more than 2,000 youth (ages 15 to 20) were killed in alcohol-related car crashes (National Highway Traffic Safety Administration, 1997).

These limited examples illustrate the catastrophic health-related consequences of substance abuse among adolescents. Besides personal and family distress, additional healthcare costs and loss of future productivity place burdens on the community.

Mental health

Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse among adolescents. Substance-abusing youth are at higher risk than nonusers for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Bureau of Justice Statistics, 1992).

Peers

Substance-abusing youth often are alienated from and stigmatized by their peers. Adolescents using alcohol and other drugs also often disengage from school and community activities, depriving their peers and communities of the positive contributions they might otherwise have made.

Families

In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol- and drug-involved youth (Nowinski, 1990). Substance abuse can drain a family's financial and emotional resources (Bureau of Justice Statistics, 1992).

Social and economic consequences

The social and economic costs related to youth substance abuse are high. They result from the financial losses and distress suffered by alcohol- and drug-related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth (Gropper, 1985).

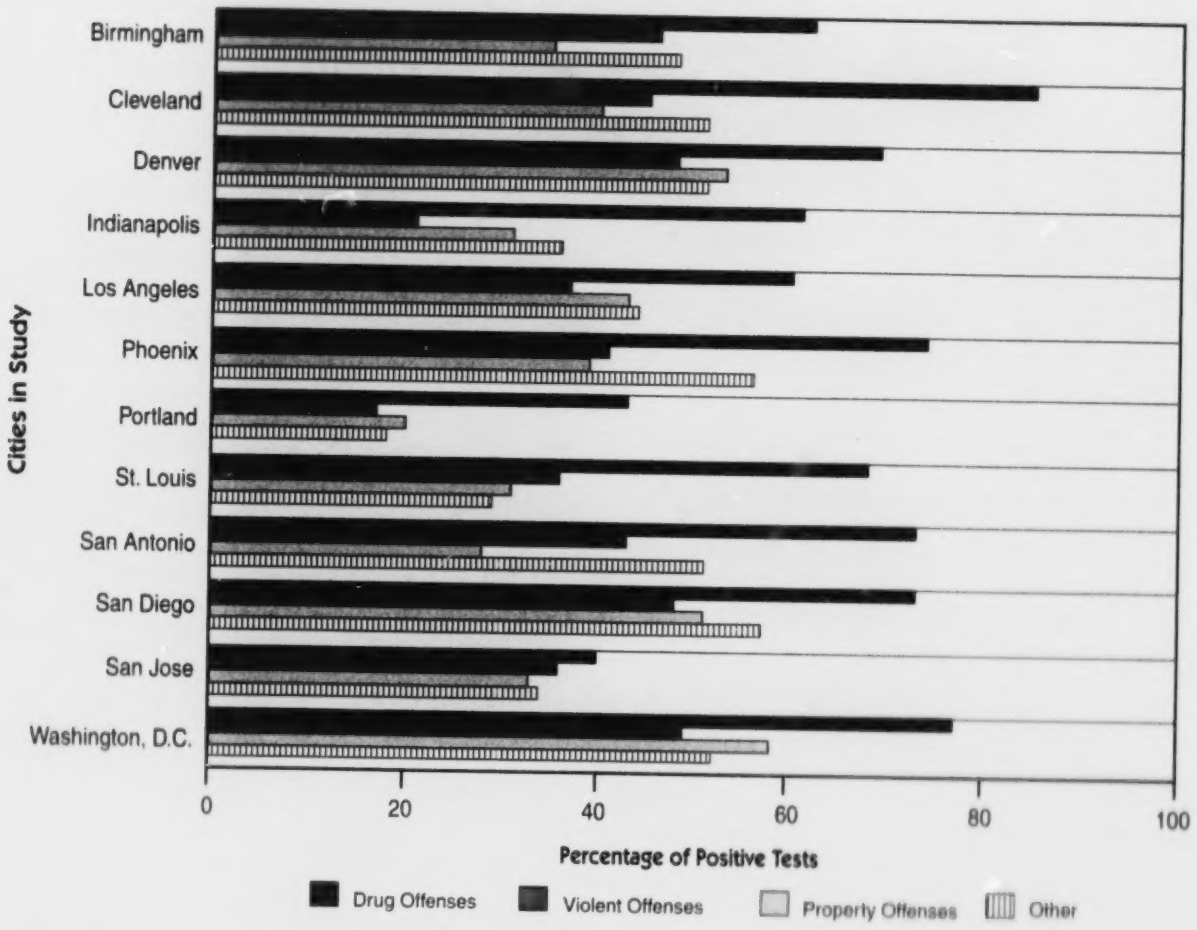
Delinquency

There is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent behavior or delinquency causes alcohol and other drug use. However, the two behaviors are strongly correlated and often bring about school and family problems, involvement with negative peer groups, a lack of neighborhood social controls, and physical or sexual abuse (Hawkins et al., 1987; Wilson and Howell, 1993). Possession and use of alcohol and other drugs are illegal for all youth. Beyond that, however, there is strong evidence of an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both violent and income-generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse.

The DUF study found the highest association between positive drug tests of male juvenile arrestees and their commission of drug-related crimes (e.g., sales, possession). However, a substantial rate of drug use also was found among youth who committed violent, property, and other crimes (National Institute of Justice, 1996). These data are depicted in figure 5.

Other data support the concern for drug-involved youth in the juvenile justice system. The Survey of Youth in Custody, 1987 (Beck, Kline, and Greenfeld, 1988) found that more than 39 percent of youth under age 18 were under the influence of drugs at the time of their current offense. More than 57 percent reported using a drug in the previous month. In another study of 113 delinquent youth in a State detention facility, 82 percent reported being heavy (daily)

Figure 5: Male Juveniles Testing Positive for Any Drug, by Type of Offense: Drug Use Forecasting Report



users of alcohol and other drugs just prior to admission to the facility. 14 percent were regular users (more than two times weekly), and 4 percent reported occasional use (DeFrancesco, 1996).

A study conducted in 1988 in Washington, D.C., found youth who sold and used drugs were more likely to commit crimes than those who only sold drugs or only used drugs. Heavy drug users were more likely to commit property crimes than nonusers, and youth who trafficked in drugs reported higher rates of crimes against persons. Youth in this sample were most likely to commit burglary or sell drugs while using or seeking to obtain drugs. About one-fourth of the youth also reported attacking another youth to obtain drugs. However, among the youth in this sample, the majority who committed crimes did not do so in connection with drugs (Altschuler and Brounstein, 1991). A breakdown of crimes that youth have committed to obtain drugs follows:

- Drug selling: 36 percent.
- Serious assault: 24 percent.
- Burglary: 24 percent.
- Robbery: 19 percent.

The 1996–97 National Parents' Resource Institute for Drug Education (PRIDE) study (1997) found a significant association between crimes

Table 1: Association Between Threatening or Delinquent Activities and Use of Alcohol or Other Drugs by 6th through 12th Graders

Type of Substance Used	Percentage of Students Who: Carried a Gun to School	Participated in Gang Activities	Threatened To Harm Another	Got Into Trouble With the Police
Liquor	76.4	68.4	51.7	65.3
Marijuana	71.1	59.7	36.7	54.2
Inhalants	38.2	26.9	13.8	18.1
Cocaine	37.2	19.4	7.8	12.8

Source: National Parents' Resource Institute for Drug Education. 1997. *PRIDE Questionnaire Report: 1996–97 National Summary Grades 6 through 12.* Atlanta, GA: National Parents' Resource Institute for Drug Education.

committed by adolescents and their use of alcohol and other drugs. Table 1 shows the percentage of 6th through 12th grade students who reported they had used various substances and had been involved in threatening or delinquent activities. The percentage of youth who were involved in these activities and had not used alcohol or other drugs was substantially lower.

For those who work in the juvenile justice system, new data are constantly being reported, but the story is an old one. Juvenile justice professionals encounter daily the distress of youth, their families, and communities resulting from juvenile involvement in substance abuse and delinquent behavior. These professionals also experience the difficulties of trying to work successfully with these young people.

The projects described in the remainder of this Summary developed sound strategies for identifying and intervening with youth who were involved in illicit drug use and who encountered the juvenile justice system. The experiences and lessons learned by these projects can be used by other agencies to replicate or adapt similar programs to meet the needs of the youth they serve.

Project Descriptions

The two projects described in this document were similar in many respects and quite dissimilar in others. The following capsule overview of each program briefly summarizes their key elements.

The American Probation and Parole Association project: Identifying and Intervening With Drug-Involved Youth

Program purpose

The American Probation and Parole Association (APPA) set out to accomplish several objectives through its project, Identifying and Intervening With Drug-Involved Youth. The first was to develop a training and technical assistance curriculum reflecting sound principles for identifying and intervening with drug-involved youth. Providing training and technical assistance for juvenile justice agencies, based on the curriculum, was also a major goal of the project. A final project purpose was to evaluate the effectiveness of the curriculum and its application with training participants and technical assistance sites.

Target audiences

Although juvenile probation and aftercare agencies were a primary concern of the APPA project, the program's efforts were not limited to juvenile community corrections. The curriculum, training, and technical assistance were developed broadly to apply to juvenile justice service providers generally.

Principal activities

The APPA project had three major phases:

- Curriculum development.
- Training delivery.
- Technical assistance provision and evaluation.

Curriculum development. During the curriculum development phase, the project assembled an advisory committee that met periodically throughout the project to provide recommendations to staff, review project products, and provide feedback. With input from the advisory committee, project staff researched and drafted a curriculum document, *Identifying and Intervening with Drug-Involved Youth* (Crowe and Schaefer, 1992), a 15-chapter, 274-page text. Parts of the curriculum were based on earlier projects APPA had conducted, including the development of a training curriculum on using drug recognition techniques in juvenile probation agencies and the development of the document *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies* (1992).

Training delivery. The project delivered five comprehensive training programs based on the curriculum. These 4-day programs were held in regional sites around the country to encourage broadest participation by juvenile justice professionals. The 209 participants in these training sessions represented 29 States, Washington, D.C., and Puerto Rico. Participating agencies were encouraged to send teams composed of both administrators and line personnel to the training programs.

The content of the training sessions provided an overview of the problem of substance-abusing youth and program development processes and concerns (including legal issues). However, the training concentrated on methods and technologies for identifying illicit drug use, including the use of assessment instruments and techniques, drug recognition techniques, and chemical testing (primarily urinalysis). Throughout the training, the need for appropriate intervention following the use of drug identification measures was emphasized. However, the time available to delve into treatment strategies and other intervention methods was limited.

In addition to the full training sessions, the APPA project delivered shorter training programs based on portions of the curriculum just described. These were provided at national training conferences and as requested by specific jurisdictions.

Technical assistance. Five demonstration sites were selected to implement or enhance a drug identification and intervention program with the assistance of the APPA project. The technical assistance process included three major tasks:

- Site selection.
- Onsite and other training and technical assistance for program development.
- Evaluation of the programs.

Site selection. A Request for Proposals was developed and distributed widely. Agencies interested in becoming demonstration sites were asked to respond by completing brief application forms and submitting accompanying information about their present programs and plans for identifying and intervening with substance-abusing youth. From these submissions, the following sites were selected:

- Division of Youth and Family Services, Justice Branch, Lexington, KY.
- Administrative Office of the Courts/Probation, Lincoln, NE.
- Westchester County Probation Department, White Plains, NY.
- State of Utah, Juvenile Court, West Valley City, UT.
- Virginia Department of Youth and Family Services, Richmond, VA.

Technical assistance services. Project staff made three or more visits to each of the demonstration sites. Following the first visit, a cooperative agreement was developed detailing the services to be provided by APPA and the expected activities and support to be undertaken by each site. Project staff helped each site develop policies and procedures for their programs based on the training curriculum and the *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies.*

Selected staff at each site participated in a 2-day, abbreviated version of the project's training curriculum and a 5-day training program on the pharmacology of psychoactive substances and the use of drug recognition techniques.

Additional consultation was provided to each site as needed—either onsite or through telephone conversations and correspondence—during the remainder of the technical assistance phase. Sites also were provided with a small amount of funding to purchase needed supplies and services to conduct the program.

Throughout the technical assistance period, sites were expected to collect data and submit them to APPA staff for analysis. After an initial 6-month period of technical assistance, the project continued providing assistance to three of the demonstration sites for another term of program application and data collection.

Information dissemination and other activities

The APPA project provided limited technical assistance to three other sites:

- **New York State Office of Alcoholism and Substance Abuse Services.** This site requested a train-the-trainer program for juvenile justice personnel. The training session was based on the curriculum of the Identifying and Intervening With Drug-Involved Youth program and was aimed at equipping participants to train other juvenile justice professionals to practice the

substance abuse identification and intervention strategies promoted in the curriculum.

- **New York City Mayor's Office of Drug Abuse Policy.** This site was given technical assistance for establishing a management information system for data collection and information sharing among city agencies that provide substance abuse services to youth.
- **Illinois Probation and Court Services Association.** This site received a 2-day training program on Identifying and Intervening With Drug-Involved Youth during its annual fall conference.

Beyond these activities, project staff wrote and published seven articles in professional journals (Boone, 1996; Crowe, 1991; Crowe, 1996; Schaefer, 1991; Schaefer, 1992; Schaefer and Crowe, 1992; Willet and Crowe, 1992). Project staff also participated in 16 workshops, symposia, and training seminars providing information about project-related issues.

The American Correctional Association and Institute for Behavior and Health project: Drug testing of juvenile detainees

Program purpose

The American Correctional Association/Institute for Behavior and Health (ACA/IBH) project was designed to improve case management in juvenile detention centers through the use of drug-testing results. The project sought to learn the status of drug testing in juvenile detention centers and to assist three centers to develop model programs.

Target audience

The ACA/IBH project directed its efforts toward juvenile detention agencies, their staff, and the youth they serve.

Principal activities

Several activities were undertaken to complete the ACA/IBH project, including:

- A national survey to assess existing drug-testing programs in juvenile detention facilities.
- Site visits to several detention centers.
- Development of prototype elements and policies and procedures for a drug-testing program.
- Implementation of drug testing at three juvenile detention centers.

National survey. A written survey instrument was distributed to more than 500 juvenile detention centers across the country. A 48-percent return rate was achieved. From the 237 returned surveys, it was determined that 63 detention centers were conducting drug testing. Thirty-five of these centers were then selected for followup telephone interviews by ACA/IBH staff. The telephone interviews clarified and expanded upon written information provided in the survey.

Site visits. From the information gathered through the survey and telephone interviews, nine detention facilities were chosen for site visits. ACA/IBH prepared a site evaluation form for rating the facilities visited. The evaluation criteria were related to drug-testing policies and procedures, deficiencies and/or outstanding attributes of the program, and other related areas.

During the site visits, project staff gathered information and assessed several aspects of each detention center's drug-testing program through observations and interviews with staff. These aspects included:

- Collection areas.
- Chain-of-custody procedures.
- Laboratory or onsite processing of specimens.
- Use and distribution of test results.
- Recordkeeping.
- Data collection.

In addition, information was solicited from detention center staff about local drug use patterns, community support and involvement with the center, and staff members' support of drug testing.

Prototype elements, policies, and procedures. Information about implementing drug testing in detention centers was gleaned from the written surveys, telephone interviews, and site visits. ACA/IBH staff used this information to draft guidelines and sample policies and procedures for drug testing in juvenile detention facilities.

Implementation of drug-testing programs in three detention centers. Concept papers were solicited through a request mailed to 875 juvenile detention centers. Responding agencies outlined their applications for training, technical assistance, and limited funding to implement a model drug-testing program in their facilities. Thirteen of the detention centers submitting a concept paper were then asked to write a detailed proposal describing their drug-testing implementation plan, in-kind resources, and organizational capabilities.

Site selection. After staff review of the submitted proposals, three facilities were selected for implementation of a drug-testing program with technical assistance provided by the ACA/IBH project. The sites represented a small, medium, and large facility, respectively:

- Madison County Juvenile Court Services, Jackson, TN.
- Marion County Juvenile Detention Center, Marion, OH.
- Jackson County Juvenile Court, Kansas City, MO.

Training and technical assistance provided. ACA/IBH staff conducted an initial site visit to further assess the selected sites that were then recommended for approval by OJJDP. Representatives from the three sites were brought together for a 2-day training program on drug testing that covered the following topics:

- Philosophy and purpose of drug testing.
- National drug-testing activity.
- Legal issues of drug testing.
- Intake and operations issues.
- Drug-testing technology.
- Drug-testing policies and procedures.
- Use of drug-testing results.

ACA/IBH project staff conducted three followup site visits to each of the detention centers to provide technical assistance, collect data, and monitor the implementation of the drug-testing programs.

Information dissemination

Five articles were written and published in ACA's magazine, *Corrections Today*, about the ACA/IBH project activities and progress (Bara, 1994; Campbell, 1994; Dooley, 1994; Juvenile Justice News, 1993; Lashey, 1994).

Site descriptions

Together, the APPA and ACA/IBH projects comprised eight demonstration sites (see table 2). The following descriptions provide a capsule view of each site.

American Probation and Parole Association sites

Although the APPA demonstration sites were predominantly community corrections agencies, they were not necessarily limited to these. Five sites were selected for the first period of technical assistance; three continued in a second phase of the project.

Division of Youth and Family Services, Justice Branch, Lexington, KY. This is the only county-based juvenile probation service in Kentucky. Line officers who attended an APPA training program on Identifying and Intervening With Drug-Involved Youth initiated the proposal for this program. They targeted youth who were adjudicated delinquents and identified as drug- and alcohol-involved because of drug-related charges, self-disclosure, or identification by their supervising probation officer.

A program-developed instrument for assessing alcohol or other drug involvement was incorporated in the agency's social history form. Drug recognition

techniques and urinalysis were used to screen for recent use of illicit drugs. The probation department further allowed cooperative parents to take home alcohol test kits to detect whether their children used alcohol on weekends or evenings.

Graduated sanctions were outlined for youth who continued using substances after entering the program. These ranged from verbal confrontation, home restrictions, and earlier curfews to referrals for in- or outpatient treatment and possible filing of probation violation charges. This program also provided a family orientation for all youth entering the program. A contract detailing the responsibilities of all persons involved (youth, family members, and program staff) was developed for each case. Youth in the program also were required to attend a 10-session substance abuse education course.

Administrative Office of the Courts, Probation Department, Lincoln, NE. This site consisted of three juvenile probation districts in Nebraska. Identification of substance-abusing youth was accomplished through use of self-report assessment instruments, drug recognition techniques, and both onsite instrument and noninstrument urinalysis. During the first phase of the program, most interventions with alcohol- and drug-involved youth consisted of referrals to an array of community treatment options; few interventions for either positive or negative findings were initiated directly by probation officers. During the second phase of the program, APPA staff provided further technical assistance to help program administrators and staff develop additional responses for youth in the program.

Westchester County Probation Department, White Plains, NY. This site represented another county-based probation department. Three family courts were served by the probation department. The agency planned to perform chemical dependency screening during the predisposition investigation stage to identify youth with substance abuse problems as early as possible. The identification process consisted of varied combinations of substance abuse self-report screening instruments, drug recognition techniques, urinalysis, and saliva testing for alcohol. Probation officers used the screening instruments to determine which juveniles to refer for a chemical dependency evaluation by a substance abuse treatment agency.

Supervision plans for youth were determined by the level of substance use. Drug recognition techniques and urinalysis were used after case disposition if authorized in the Orders and Conditions of Probation. Youth assessed as chemically dependent were assigned appropriate treatment and monitoring of their substance use. Those in earlier stages of substance use or abuse were assigned treatment, as deemed necessary by the evaluation agency, and monitored for substance use. Active collaboration between the treatment agency and the probation officer was expected. Supervision plans for "experimental users" focused on substance abuse education resources.

State of Utah, Juvenile Court, West Valley City, UT. In Utah's statewide juvenile probation system, two districts were targeted for the program. Youth were assigned at intake to various officers, and the assessment instrument used depended on the training the officer had received. Drug recognition techniques also were used as part of the assessment process, and noninstrument tests for specific drugs were performed onsite twice a week, while full drug screens were conducted twice per month.

Responses to positive test results included verbal reprimands, increased testing, more supervision contacts, and substance abuse evaluations. Drug education programs were operated by the agency's diversion office. Treatment program options included outpatient, day treatment, and residential treatment.

Virginia Department of Youth and Family Services, Richmond, VA. This program targeted 16 community-based sites for participation, including 13 court service units, 2 detention homes, and 1 group home. The program also targeted youth with alcohol and other drug problems returning from juvenile correctional facilities. These sites were primarily in rural communities.

Table 2: Summary of Eight Drug-Testing Sites

Location of Program*	Type of Program Facility	Targeted Youth	Number of Youth in Program	Drug-Testing Process** Used	Drugs Tested	Use of Results
Lexington, KY*	Juvenile probation	Adjudicated delinquents with identified drug or alcohol problems	29 (phase 1) 42 (phase 2)	Onsite non-instrument test kits	Marijuana, cocaine, opiates, barbiturates	Verbal reprimands, increased supervision, increased drug testing, referral to treatment
Nebraska* (3 counties)	Juvenile probation	Adjudicated delinquents with an identified chemical dependency problem and probation orders or testing	74 (phase 1) 26 (phase 2)	Onsite instrument and noninstrument test kits	Marijuana, cocaine	Increased contact and supervision, increased drug testing, verbal reprimands, referral to treatment, alcohol and drug evaluations
Westchester County, NY*	Juvenile probation	Adjudicated delinquents with court-ordered chemical dependency screening	36	Onsite non-instrument test kits	Marijuana	Increased contact with youth, increased drug testing, verbal reprimands, referral to treatment, alcohol and other drug evaluations
Utah* (2 districts)	Juvenile probation	All youth placed on probation	241 (phase 1) 62 (phase 2)	Onsite non-instrument test kits	Marijuana, cocaine, PCP, amphetamines, benzodiazepines, barbiturates	Increased contact and supervision, increased drug testing, verbal reprimands, referral to treatment, alcohol and other drug evaluations, house arrest
Virginia* (16 community sites)	Court services, detention, group homes	Youth at risk for alcohol and drug problems; those with court orders for drug testing; and juveniles on probation or in aftercare	101	Onsite non-instrument test kits	Marijuana, cocaine, opiates	Increased contact and supervision, increased drug testing, verbal reprimands, referral to treatment, fines/restitution
Madison County, TN*	Juvenile detention	All youth entering detention	206	Onsite non-instrument test kits	Marijuana, cocaine	Results given to court director, formal alcohol and drug assessment may be requested, all parents notified of positive results, drug/alcohol safety education classes, weekly counseling, and residential placement, as appropriate
Marion County, OH*	Juvenile detention	All youth entering detention	1,059	Onsite instrument	Marijuana	Drug education course offered at detention and in community, counseling at substance abuse clinic, referral to 12-step programs, recommendations for court commitments to other programs

(continued)

Table 2: Summary of Eight Drug-Testing Sites *(continued)*

Location of Program*	Type of Program Facility	Targeted Youth	Number of Youth in Program	Drug-Testing Process** Used	Drugs Tested	Use of Results
Jackson County, MO*	Juvenile detention	All youth entering detention	1,194	Outside laboratory	Marijuana, cocaine, PCP, amphetamines	Substance abuse education program for youth and their families, weekly individual and group counseling sessions in detention, 12-step groups at the facility, case disposition determination

*Sites are designated by the location of the agency administering the program. Those representing statewide programs are indicated by the State's name, even though only specific districts in the State participated.

**Urine drug-testing processes are grouped in three categories: Onsite instrument tests are performed by self-automated equipment that can analyze single or multiple samples; noninstrument test kits are small, disposable test devices that usually test for only one drug at a time; laboratory testing is performed by a contractual agreement with an outside facility.

The program used a substance abuse assessment instrument (based on self-report), drug recognition techniques, and urinalysis. After an initial screening, a service plan was developed for each youth. Youth with positive test results received therapeutic sanctions ranging from increased frequency of urine testing to recommendations for residential treatment. The program stressed that drug testing not be used for determining that youth violated probation or for bringing them before the court.

American Correctional Association/ Institute for Behavior and Health sites

All of the ACA/IBH sites were detention centers. Three sites were selected by the project to represent detention facilities of diverse sizes.

Madison County Juvenile Court Services, Jackson, TN. This facility, with 7 secure bedrooms, served 18 rural counties between Memphis and Nashville and expressed a commitment to keeping local youth in a rural environment. During the time of the survey, youth stayed at the facility an average of 3 to 5 days. The facility was coeducational, and about three-quarters of the youth served were males. There were eight full-time staff and a supervisor at the center.

All youth underwent urine testing at intake. Both positive and negative drug test results were given to the court director, who referred cases to the two court intake workers. Based on the test results, these workers requested a formal alcohol and drug assessment or made recommendations to the court. They also notified parents of youth who tested positive. If found to be abusing substances, juveniles may have:

- Been placed in a drug/alcohol safety education class.
- Received weekly substance abuse counseling.
- Been placed in a residential treatment program.

Test results of nondelinquent youth placed in detention (e.g., runaways) were given to referral agencies.

Marion County Juvenile Detention Center, Marion, OH. This secure facility houses 24 males and 12 females from a 9-county area. During the time of the survey, the area served by the center was predominantly white, rural, and middle class. Thirty-three full- and part-time staff worked in the facility.

The drug-testing program was implemented during the intake process and used an onsite instrument method for processing and analyzing the tests. When juveniles tested positive or self-reported substance use, they were referred for a formal substance abuse assessment. They were referred to appropriate treatment options based on the assessment of risk. Parents were notified of test results and included in the assessment process.

Juveniles who tested positive or admitted drug use were required to attend a 10-week drug education course offered both at the detention center and in the community. In addition, as appropriate, they could have been referred for substance abuse counseling at a local clinic, other treatment programs, or 12-step programs in the community.

Jackson County Juvenile Court, Kansas City, MO. At the time of the survey, this facility had a capacity to house 56 males and 16 females. Fifty-three full-time staff operated the program. Urine specimens collected from youth during intake were sent to an outside laboratory for analysis. A Breathalyzer™ also was used to test for intoxication if youth were suspected of drinking alcohol.

Drug test results were used to help the court commissioner and judges determine appropriate dispositions of cases. Most juveniles testing positive for drugs were required to attend a 7-week, 21-hour substance abuse education program with their families. Weekly individual and group counseling sessions were held in the detention center. Alcoholics Anonymous and Narcotics Anonymous meetings also were held at the facility. Volunteer mentors encouraged youth to attend community 12-step meetings after they were released from detention.

Outcomes

Both the ACA/IBH and the APPA projects conducted numerous evaluation activities. Those reported here are limited to the technical assistance sites in which the drug-testing protocols were implemented. The quantitative findings are reported first, followed by the qualitative results of the evaluation.[1]

Quantitative findings

A summary of the major findings from the program evaluation for each project provides an overview of the potential of drug identification programs. The quantitative findings have been divided into two sections: demographic characteristics of the study participants and results of the drug-testing activities. Data on each group of youth followed in the APPA sites are designated with numerals. Groups of youth in the ACA/IBH sites are identified with letters. Three APPA sites participating in the first and second phases of the project were each given two group numbers.

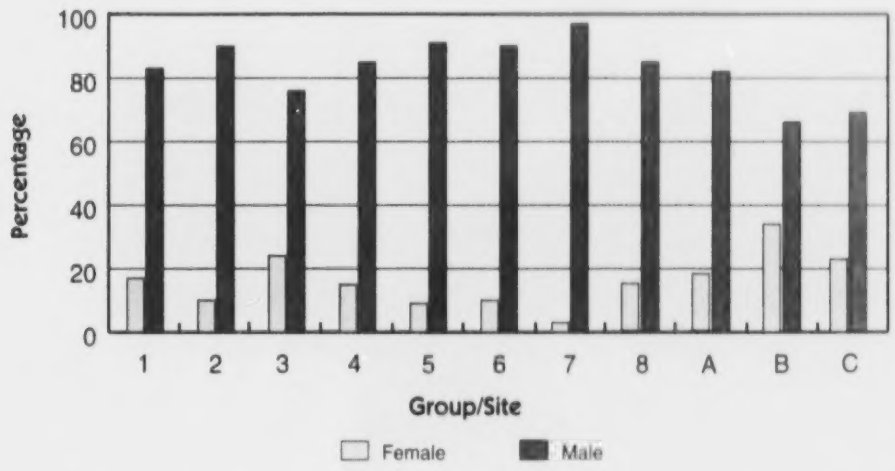
Demographics of youth in the sites

Sex. The percentage of male youth involved in the APPA study ranged from 76 percent in group 3 to 97 percent in group 7. The average percentage of males in the eight study populations was 87 percent.

The ACA/IBH project detention sites had somewhat higher percentages of female youth. The male

1. The information for this section comes from the final project reports submitted by ACA/IBH and APPA to OJJDP (American Correctional Association/Institute for Behavior and Health, Inc., 1995; American Probation and Parole Association, 1994).

Figure 6: Sex of Study Participants



population ranged from 66 percent in site B to 82 percent in site A. The average percentage of males in the three detention sites was 72 percent.

These data, depicted in figure 6, suggest that across these sites, the percentage of female youth being drug tested in detention centers was likely to be higher than the percentage being tested in the APPA project sites, which were predominantly probation. In general, however, at least two-thirds or more of the youth being tested were males. There were some differences in the selection of youth to be tested in these sites. The youth participating in the program in each of the APPA sites did not necessarily represent all youth on probation, but in the ACA/IBH sites, the population reported were all youth entering detention. It is unclear whether the larger male populations in the APPA project sites (compared with the ACA/IBH sites) are a result of more male youth being placed on probation or more male youth being selected (perhaps because of drug-related crimes or substance abuse histories) to participate in these programs.

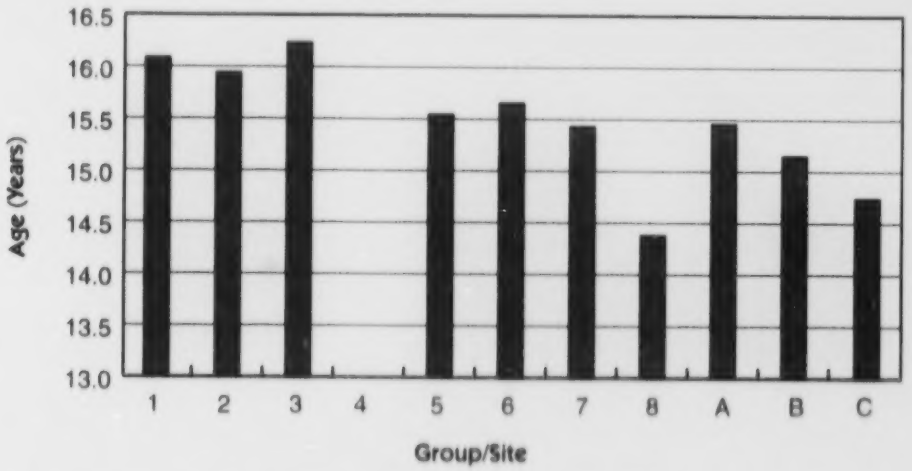
Age. The ages of youth included in both projects ranged from 8 to 21 years. The average ages of youth across all 11 groups in the two projects ranged from 14.37 years in group 8 to 16.22 years in group 3 (figure 7). There appear to be no significant differences between the average ages of the youth in the detention center sites and those in the APPA sites (predominantly probation).

Based on these data, most of the youth being tested in these sites were about 15 years old. It is important to consider the developmental stage of youth involved in the program.

Race and ethnicity. The racial diversity of the youth varied by location. As evident in figure 8, the percentage of Caucasian youth ranged from 28 percent in group 7 to 89 percent in group 4. The proportion of African-American youth ranged from 3 percent in group 6 to 71 percent in site A. Three groups had a substantial percentage of Hispanic youth: 22 percent in group 5, 18 percent in group 6, and 17 percent in group 7. The remaining youth in some sites included small percentages of Native-American and Asian youth. For some sites, the race and ethnicity of a few youth were reported as unknown or the data were missing.

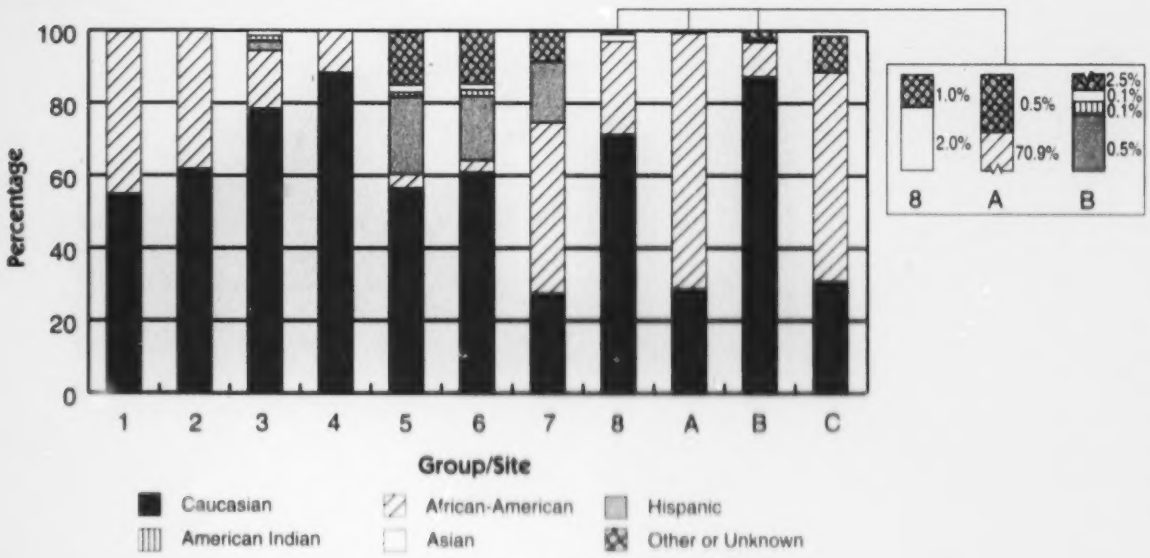
The racial and ethnic composition of the youth in a drug-testing program are likely to vary based on factors such as the diversity of communities and the youth entering detention and/or probation programs. As with other juvenile justice program issues, it is important to ensure that programs are culturally sensitive and nondiscriminatory.

Figure 7: Average Age of Study Participants*



**Data regarding the age of study participants for group 4 were not provided.*

Figure 8: Race of Study Participants



Education of youth. In all but one site, the majority of youth were attending school. However, as depicted in figure 9, the percentages of those in school (excluding group 6) ranged from 58 percent in site C to 94 percent in site A.

In both projects, the last grade completed by each youth was ascertained. Average grade levels completed ranged from 7.73 in group 4 to 9.64 in group 3 (figure 10).

Although the majority of youth in most sites were attending school, significant portions of the program populations in several sites were not in school. Coupled with the lower grade level attainment of the youth in several sites, this information has implications for programming related to drug testing and substance abuse by youth. It is important that explanations about the program and information presented to youth be developmentally appropriate for them.

Figure 9: School Attendance by Study Participants

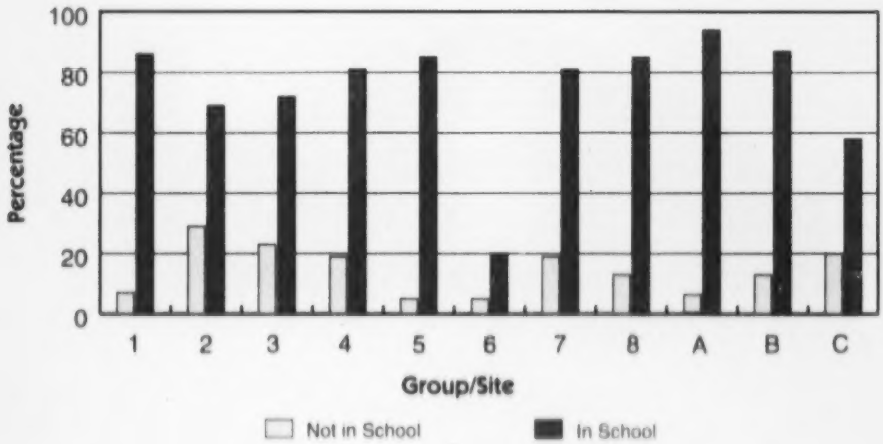
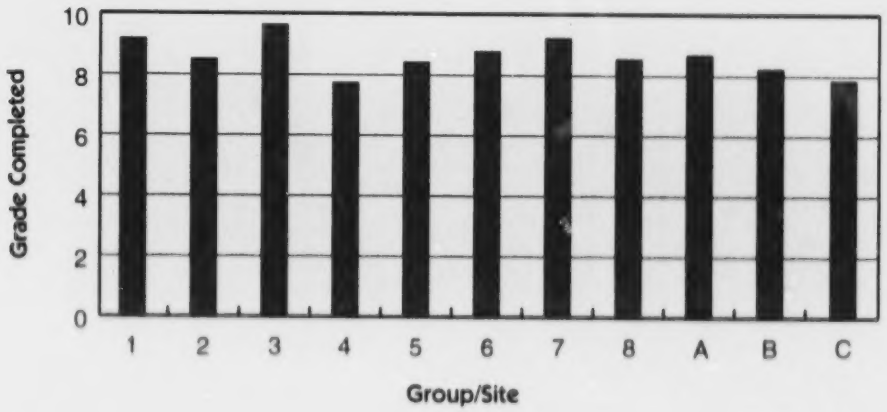


Figure 10: Average Grade Completed by Study Participants



Delinquency history. In all but one APPA site, half or more of the youth included in the drug-testing programs had had some previous delinquency charges before entering the drug identification and intervention program. As shown in figure 11, the percentage of youth known to have any prior delinquency referrals ranged from 38 percent in group 4 to 98 percent in group 5. For youth with any previous charges, the number of prior incidents ranged from 2.14 in group 3 to 10.26 in group 1 (figure 12).

In the ACA/IBH project sites, shown in figure 13, prior detention experiences could be documented for a very consistent proportion of the population, ranging from 54 percent in site C to 59 percent in site A. The average number of prior detentions in each site, shown in figure 14, was 1.36 in site A, 1.77 in site C, and 2.09 in site B.

Although the data on the total number of prior referrals collected by the APPA project sites and the total number of prior detentions collected by the ACA/IBH project sites do not measure precisely the same phenomena, they indicate that in all but one site, half or more of the youth included in the drug-testing program had prior encounters with the juvenile

Figure 11: Percentage of Prior Referrals: APPA Sites

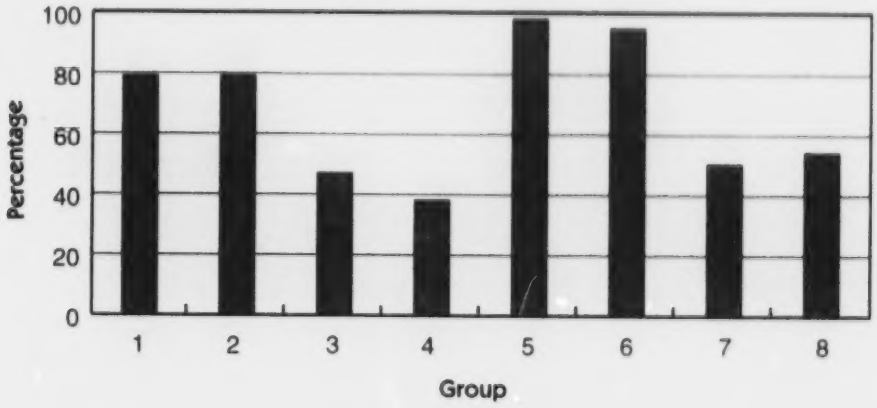
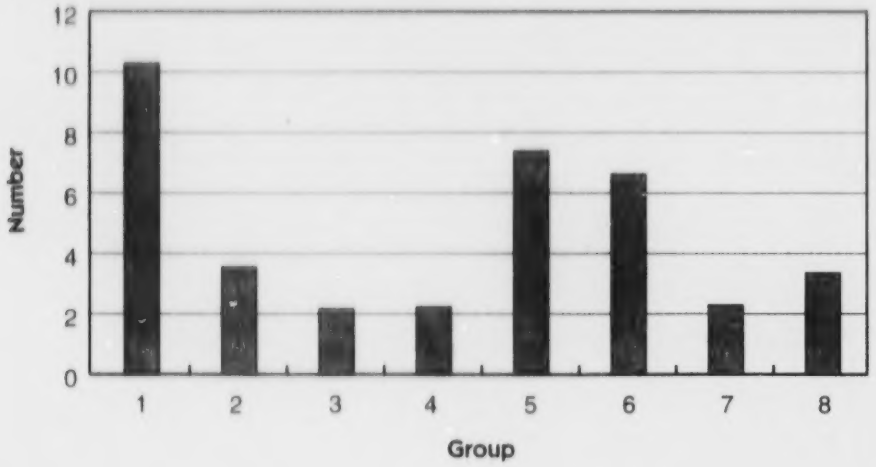


Figure 12: Average Number of Prior Referrals: APPA Sites



justice system. This underscores the importance of trying to detect alcohol and other drug use at the earliest possible encounter with the juvenile justice system to interrupt the cycle of substance abuse and delinquency as soon as possible.

Results of drug testing

In general, the results of the drug-testing programs in each project showed a significant amount of substance abuse among youth in detention and on probation.

Frequency of testing. Almost all youth entering the detention centers underwent testing once. However, in the APPA project sites, urinalysis was performed repeatedly on youth to monitor and deter further substance abuse while they were supervised in the community. The average number of tests administered to each youth during the period of data collection varied from 1.26 to 7.93 in the APPA sites shown in figure 15. The project recommended random testing at least twice per month. However, the frequency of testing was ultimately

Figure 13: Percentage With Prior Detentions: ACA/IBH Sites

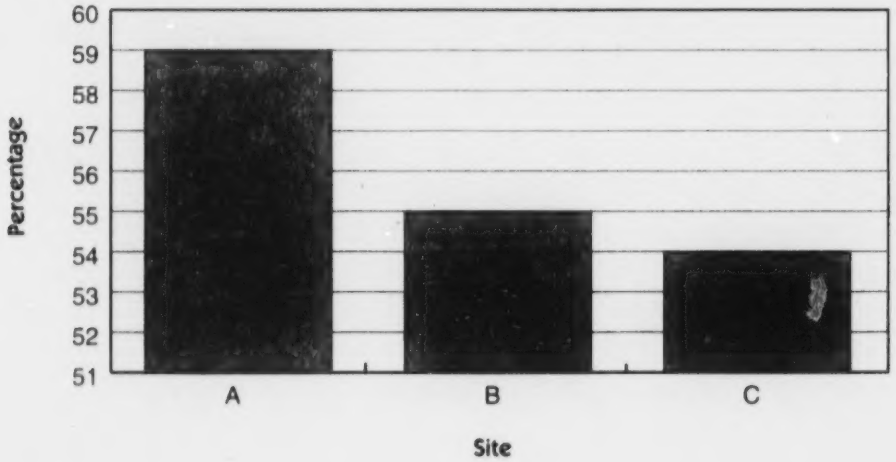
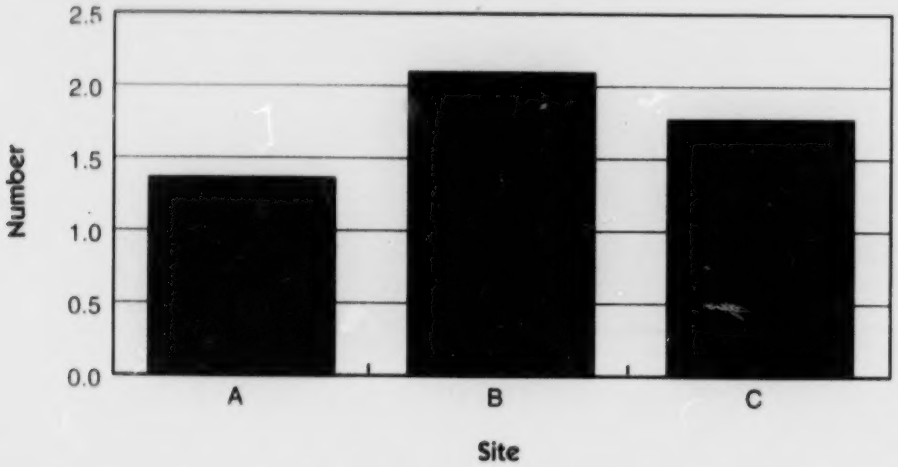


Figure 14: Average Number of Prior Detentions: ACA/IBH Sites



the responsibility of the programs, and many factors affected the patterns of testing that evolved. It is possible that those sites that performed testing less frequently may have missed some positive results that might have been found with more frequent testing. If so, their positive rates might have been even higher than those shown in figure 16. However, when the frequency of testing was compared with positive urinalysis results, it is interesting that a higher frequency of testing was associated with lower rates of positive results, whereas a lower frequency of testing was associated with higher positive rates. One possible explanation for this may be that when youth are tested with sufficient frequency and positive results bring consistent consequences, the process tends to deter further substance abuse. A higher frequency of testing might also be correlated with increased supervision of and attention to youth, influencing their decisions about whether to engage in illicit drug use. Further research and analysis is necessary to ascertain the strength and sequencing of these factors.

Figure 15: Average Number of Drug Tests per Youth: APPA Sites

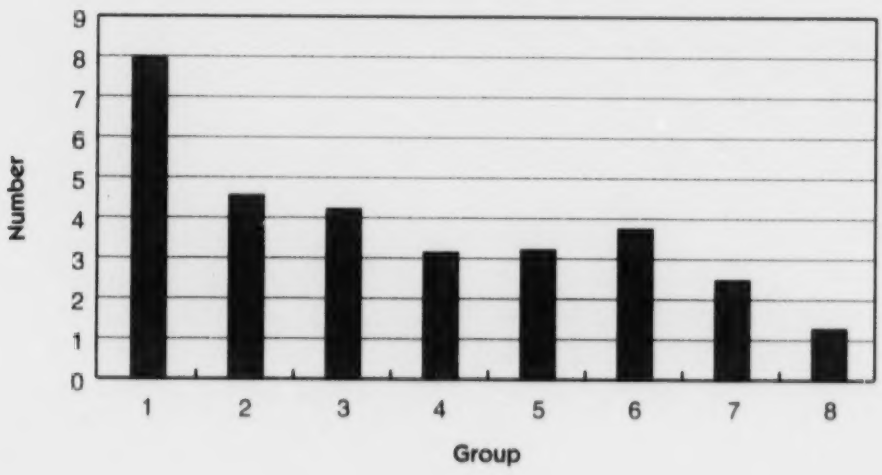
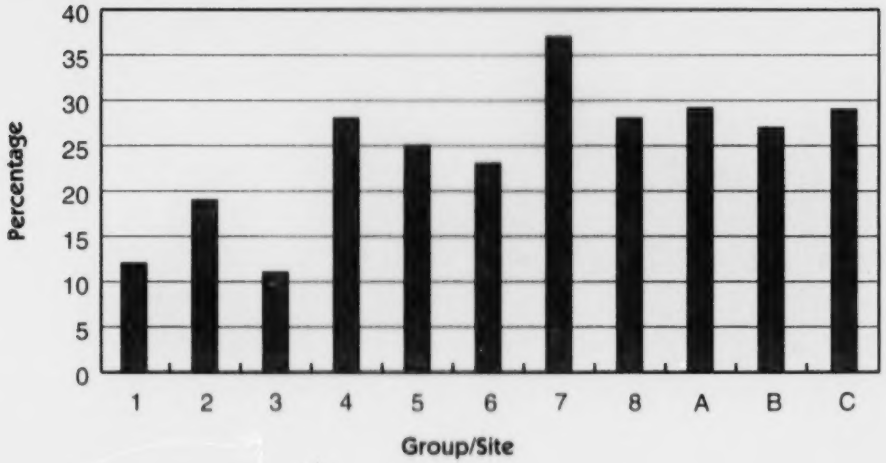


Figure 16: Percentage of Positive Urinalysis Results



Percentage of positive urinalysis results. Relatively high rates of drug use were found, as shown in figure 16, ranging from 11 percent in group 3 to 37 percent in group 7. In the ACA/IBH project sites, a consistent rate of positive test results was noted, ranging from 27 percent in site B to 29 percent in sites A and C.

Positive test results. Each site in the two projects determined the drugs to be tested based on drug use patterns in each community and, sometimes, on cost issues. Table 3 shows the percentage of positive results of urinalysis by site for each type of drug.

All sites tested for marijuana, and the positive results ranged from 10 percent to 36.8 percent of all tests. Cocaine also was tested for frequently. Only two groups reported no positive results for cocaine. In most sites, the positive rate was relatively low, ranging from 0.1 percent to 4.7 percent. However, one site (site A) had a very high percentage (15.5 percent) of

Table 3: Percentage of Positive Urinalysis Results, by Drug Type

	Positive Urinalysis Results (%)							
Group/Site	Marijuana	Cocaine	Opiates	Barbiturates	PCP	Amphetamines	Benzodiazepines	Other Drugs
1	10.0	2.6	0.4	0.4				
2	17.5	2.3	0.6					0.6
3	10.9	0.6						
4	26.0							2.0
5	24.4	0.6		0.1	0.1	0.4	0.1	
6	21.6	0.9			1.3	0.9		3.5
7	36.8							
8	22.0	4.7	0.8					
A	19.9	15.5						
B	26.6	0.1						
C	24.2	0.3			2.9	0.9		3.5

Note: The total percentages of positive results for some sites in this table may vary slightly from the percentages of positive urinalysis results reported in figure 16. This is caused by rounding in some cases. In others, it represents positive results for more than one drug. A positive result for one or more drug was counted as one positive result in figure 16; however, a positive result for every drug tested is represented in this table.

positive results for cocaine. A moderate rate of positive results for marijuana (19.9 percent) was also found in this site.

These data provide an illustration of the number of drug-involved youth in a variety of settings throughout the United States. None of the sites represented extremely large cities where drug use may have been more prevalent. Therefore, the positive results depicted above may be an underestimation of the extent of drug use in some areas.

Identification of substance-abusing youth is only the first step in the process. To intervene effectively, juvenile justice practitioners must follow both positive and negative results with appropriate actions—consequences and treatment for positive results or rewards and praise for negative results. However, without the initial identification, no consistent response can occur. Because of the strong association between alcohol and other drug use and delinquency, attempting to correct delinquent behaviors without addressing substance abuse will be very difficult in most cases.

Qualitative findings

Besides the statistical results just reported, project staff also collected other information through site visits, telephone conversations, correspondence, and open-ended questions on a survey administered to the staff in some sites. This qualitative information is summarized in the following categories: staff, youth, parents, community, agency, patterns of use, testing procedures, and intervention. Frequently, more than one site reported these findings and the individual sites are not identified.

Staff

An effective drug identification program has many key players, including the agency staff, the youth, their parents, and other community stakeholders. These all merit examination, starting with the staff, as their full and conscientious participation in a program is vital.

Many sites reported that staff members initially were resistant or fearful about the idea of drug testing the youth for whom they had responsibility. Usually, they discovered these fears were unfounded once the program was under way, and most staff members became enthusiastic supporters of the drug-testing program. Staff members' initial fears related to their interaction with the youth at the time of specimen collection. Some feared the youth might react negatively by refusing to be tested, throwing the urine at them, or becoming violent in other ways. After several months of testing, staff members had not experienced any adverse reactions by youth, and they became less apprehensive and more supportive of the testing program.

Another, more pragmatic, concern for staff members was the amount of their time required to implement a drug-testing program. Although this issue was mentioned by staff members in only one detention center, it was frequently a concern of juvenile probation staff who were required to test youth periodically throughout their time on probation. Staff cited large caseloads, heavy responsibilities for recordkeeping, and the additional paperwork involved in conducting drug testing as barriers to their effective implementation of the program. Despite this, most staff members agreed the program was worthwhile. In some smaller agencies, staff members sometimes had the flexibility to make adjustments that helped them manage the additional responsibilities. For example, staff members of one agency reported that they shifted staff assignments to ensure that both male and female officers were available in the office on days drug tests were conducted. Time constraints also were a problem. In some cases, agency administrators did not have time to oversee the program closely enough. Consequently, staff who made mistakes or did not fully participate in the program did not receive timely feedback and correction.

Sites that included line personnel in the planning stages of the drug-testing program generally found that staff members were more supportive of the program. Sometimes, staff members who were not involved in the program's initial development did not have a clear understanding of the benefits of testing and, therefore, were less committed to it. Some agencies that discovered this problem provided additional training for staff members, which increased commitment to the program.

Several agencies reported that staff who participated in the program changed their attitudes toward it as they experienced its benefits. For example, staff members felt they worked better with an individual youth when they had better information about the youth's substance abuse. Programs also found that drug testing provided collective information to staff about drug use patterns among youth in the community and that this helped them work with both groups and individual youth.

Youth

As mentioned earlier, youth generally cooperated with the testing programs, and in cases in which testing was voluntary (preadjudication or not a court-ordered condition of probation), most youth agreed to be tested. Drug testing is a powerful tool for helping break through youth's denial about their substance abuse. Often, youth who thought a drug test would show positive results admitted substance abuse. Occasionally, after such admissions, the drug test actually showed negative results because the level of drug that remained in the youth's system was at or below a test's cutoff level.

Sometimes, a drug-testing program can be critical for a youth. As staff learned about the effects of various drugs and the symptoms of withdrawal, they could identify youth whose behavior or physical conditions were consistent with drug use or drug withdrawal. In one reported incident, a youth was transported to a hospital for medically managed detoxification when his drug test showed significant amounts of phencyclidine (PCP), cocaine, and marijuana in his system and his behavior included screaming, head banging, and possible hallucinations.

Parents

Several sites reported very supportive responses from parents about the drug-testing program. With the evidence from urinalysis that their children were using drugs, some parents were more receptive to treatment and other interventions. Other parents commented that the tests confirmed their suspicions.

One probation site allowed some parents to take alcohol test kits home to use with their children during weekends, as alcohol would not remain in a youth's system long enough to be tested the following week. This site also required parents of youth in the drug-testing program to participate in an initial education/orientation program. Staff reported receiving both written and verbal appreciation from parents. In some cases, parents of youth who were not in the program requested that their sons or daughters be included in it.

Community

Substance abuse affects an entire community, and a drug-testing program has the potential to create support and concern throughout the community. Several sites reported the program received media coverage when they issued a press release. Juvenile judges and other members of the juvenile justice system generally reported that they were aware of and supportive of the drug-testing program. Staff members at one site commented that the testing program had strengthened the agency's relationship with the mental health (treatment) agency in the community.

However, in at least two sites, lack of community or juvenile justice system support seriously impeded the beginning of the program. In one county-based program, personnel received necessary approval from judges and agency administrators but failed to involve county administrators who funded the agency. County government leaders finally approved the program, but its start was delayed.

In another site, law guardians (lawyers appointed to represent the child throughout the court process) objected to administration of drug identification measures to the youth they represented unless the charges against the youth were directly related to drugs. Although program personnel had provided assurances to the contrary, the law guardians expressed concern that the results of assessments and tests would be used to bring new charges against their clients or that positive findings would result in harsher consequences for youth when their cases were disposed. This site had to limit the implementation of the program to youth who had drug-related charges. However, because of this problem, the issue of drug testing has been reported to the State legislature for study.

Agency

All of the agencies that participated as drug-testing demonstration sites for the two projects have continued their programs, indicating that they feel the programs are worthwhile. However, several agencies reported problems that had to be addressed. Most of these concerns were directly or indirectly related to agency resources. Some reported funding limitations for an ongoing program. Other concerns included the need for greater administrative support of the program and more supervision of staff members conducting the program. Some programs also identified a need for more skills and training of program staff members to ensure their quality.

A drug-testing program in one agency sometimes affects related agencies. One detention center site reported that probation officers affiliated with the same court increased their use of drug testing for juveniles they supervised because of the initial information about youth provided by the detention program.

Patterns of use

Several sites reported that the drug-testing program provided useful information about drug use patterns of youth in the community. Some sites found that although youth rarely admitted drug use, the rates of positive results were quite high. Others found that some youth admitted using particular classes of drugs for which sites could not test. One agency found a high incidence of positive tests for PCP associated with youth who lived in a particular area of the community. They advised police of this pattern to increase enforcement efforts in that part of town. Some agencies found associations between positive tests and various types of delinquent behaviors by youth (e.g., shoplifting, burglary, vandalism, assault, armed robbery, and status offenses). Staff members in several sites reported that the results of drug testing helped them understand the possible rates and patterns of drug use among all youth they might encounter.

Testing procedures

Sites that participated in both projects reported that some testing procedures had to be modified as the program progressed. For example, one site reported that staff members had difficulty accurately reading results of the onsite noninstrument test kits. However, after instituting the use of a timing device, they were satisfied they were getting more accurate results. Another site reported many youth who refused to be tested. However, closer examination revealed that sometimes information about a youth's admission of drug use, a youth's inability to provide a sample, and staff's decisions not to conduct the testing at intake were miscoded as refusals on the data collection form. When coding errors were corrected and other problems were addressed with staff, the percentage of refusals declined from 22 percent at their highest level to 4.2 percent during the final month of the demonstration project.

Some agencies found they had to change the frequency of testing for it to be effective in their settings. One probation agency began testing weekly but, because of limited staff, had to change to testing twice monthly. On the other hand, some juvenile probation sites were not testing frequently enough to detect and deter drug use among their juveniles. They were encouraged to increase testing to a minimum of every 2 weeks. Sites also found that when tests were administered randomly and frequently enough, they became an effective deterrent to substance abuse.

A significant problem noted in several sites was the inability to test for some drugs that youth admitted using. For example, one site reported that many youth admitted using amphetamines, but the volume was not high enough to warrant purchasing reagents for testing that drug, because these reagents have a very short shelf life. In other cases, youth may have been using classes of drugs, such as inhalants, for which practical, inexpensive testing was not available.

Intervention

Identifying substance-abusing youth is insufficient. After identification, intervention must occur. Intervention may include various treatment modalities (usually provided by community treatment agencies) and responses by juvenile justice personnel. Many agencies reported that their communities had insufficient treatment resources to meet the needs of drug-involved youth. This tended to be

the case especially in smaller communities and rural areas. However, some used the information gained from the testing program to work with other community stakeholders to increase treatment options.

Formal treatment is not the only alternative to respond to a positive test. Juvenile justice personnel also can intervene. Onsite testing and laboratory testing with same- or next-day return of results can be very useful in facilitating immediate confrontation of youth who are using illicit drugs. Most of the demonstration sites established policies stipulating that positive findings of illicit drug use would not be used to bring new charges against a youth. Many policies even stipulated that positive test results would not be used to return a youth to court for a probation violation, although others used test results as a last alternative if other interventions did not work. However, juvenile justice staff implementation of immediate rewards, praise for negative test results (clean screens), and consequences for positive tests can be useful in helping youth make choices about future substance abuse. Some programs required drug-involved youth to attend drug education programs provided by the agency. Individual probation officers can verbally confront youth, increase their level of supervision, drug test more frequently, impose earlier curfews, place a youth on home detention, or require community service because of ongoing positive drug tests. Similarly, for negative tests, staff members can decrease testing frequency and supervision levels and provide other rewards, such as activities, attention, and praise. Whatever methods are chosen, effective programs should provide consistent and immediate responses to both positive and negative test results.

Benefits

Despite some problems discussed in the preceding sections, the overwhelming response of the demonstration sites was that the testing program's many benefits far outweighed any problems encountered. The primary purpose of drug testing for juveniles is to identify those for whom interventions are needed to help them stop using illicit substances. Without such interventions, many are unable to end their substance abuse and may progress to more serious levels of addiction and to crime. Having an impact on delinquent behavior also is difficult without substance abuse intervention. Substance abuse is a central factor in the delinquent behavior of many youth. They may commit drug-related crimes (e.g., possession, trafficking), instrumental crimes to obtain drugs (e.g., robbery, prostitution), or violent crimes resulting from the effects of the psychoactive substance or from drug-related "business" (e.g., assault, murder).

Staff in several sites said that the program allowed them to identify substance-abusing youth who otherwise might not have come to the attention of staff members through other methods. Urine testing of juveniles afforded a much more reliable picture of the extent of substance abuse and a more accurate basis for case planning than simply screening cases for delinquent charges related to alcohol and other drugs. Identification of drug-involved youth through drug testing allows juvenile justice practitioners to develop case plans that are realistic and effective. Having information on substance abuse can help judges make appropriate dispositions. Therefore, drug testing at the youth's earliest encounter with the juvenile justice system (e.g., detention or intake) is recommended. Drug testing also provides a means for juvenile justice professionals to monitor substance-abusing behaviors and observe changes early. Including conditions related to drug testing and appropriate interventions in a juvenile's probation orders gives professionals working with the youth the tools they need to monitor and deter further substance abuse. Many youth who know that they will be tested and that positive results will have consequences can stop their drug use. Others will need the additional help of treatment programs to change substance-abusing behavior.

These benefits of drug testing were evident in the demonstration sites selected by the APPA and ACA/IBH projects. In both the detention and probation sites, results of tests were used in a variety of ways, including the following:

- To identify youth who recently used illicit drugs.
- To request further alcohol and other drug assessments.
- To make recommendations for court dispositions.
- To notify parents of a youth's drug involvement.
- To develop treatment plans for youth.
- To make referrals to appropriate treatment agencies.

In addition to the benefits of drug testing for individual youth, the testing produced collective information. Agencies used the information gained from drug-testing results to learn more about substance abuse among youth in their communities. They were able to determine which illicit drugs were most popular among youth and to follow changing trends in psychoactive substance use. In one community, collective data helped juvenile justice personnel learn PCP was being used almost exclusively by youth in a particular ZIP Code area. They provided this information to police for greater surveillance in this area.

The training provided to staff members who implemented the testing programs also was beneficial. They learned about the effects of psychoactive substances on juveniles, and some reported they felt more confident in working with drug-involved youth.

Another benefit reported by several sites that perhaps was not anticipated initially was the positive response from parents about the drug-testing program. Several sites reported that parents eagerly endorsed the program and appreciated efforts to intervene with their substance-abusing children.

Program Development

Drug testing is an important step in identifying and intervening with substance-abusing youth.[2] To be effective, an appropriate planning process should precede implementation of a drug-testing program. All drug testing should be followed by interventions.

Agencies and communities differ, so it is not realistic to assume a universal program of drug testing could be developed and applied. The projects reviewed in this Summary performed urinalysis on youth both before and after adjudication. This resulted in some significant differences in how the programs were implemented and how the results of testing were used. Several important considerations in designing programs to identify and intervene with substance-abusing youth are described on the following pages. For additional information, please consult the references and suggested readings that appear later in this Summary.

Assessment of needs and resources

Any new program should be based on identified needs of the community, the agency, and the youth and families to be served. The objective of the needs and resources assessment is to gain a clear sense of the demonstrated and perceived need for a program and to understand the obstacles and opportunities the program might encounter. Methods of assessment include:

- Assembling existing data.
- Reviewing records.
- Administering surveys and questionnaires.
- Engaging in interviews and informal communications.

To obtain unbiased information, the needs and resources assessment should:

- Elicit an array of viewpoints from respondents with varied backgrounds.
- Consult impartial sources of information.
- Collect a broad range of information.
- Welcome both anticipated outcomes and unanticipated findings.

It is important to collect data on needs and resources from both agency and community sources. Some areas to be investigated include the magnitude of the problem of alcohol and other drug abuse; social and financial costs of substance abuse and delinquency; community and professional attitudes toward alcohol and other drugs, delinquency, and drug screening; and resources required and available to support a drug identification and intervention program.

Program and policy development

A policy development process should be undertaken before program implementation. This helps agency

2. Information for this section is taken from the following sources unless otherwise documented: American Correctional Association, *Prototype Drug Testing Program for Juvenile Detainees*, Laurel, MD: American Correctional Association, 1991; American Correctional Association and Institute for Behavior and Health, Inc., *Final Report*, Laurel, MD: American Correctional Association, 1994; American Probation and Parole Association, *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 1992; and A.H. Crowe and P.J. Schaefer, *Identifying and Intervening With Drug-Involved Youth*, Lexington, KY: American Probation and Parole Association, 1992.

personnel evaluate possible options and then select those that are best suited for a particular program. It also is important to develop policies that allow enough flexibility for future changes that may be needed.

Written policies are important to:

- Safeguard the agency, clients, and staff.
- Clarify staff and program expectations.
- Ensure program consistency, credibility, replication, and support.

It is crucial to include significant stakeholders in the program development process. At the least, agency administrative and line personnel need to be incorporated. Other important persons to involve will vary from one jurisdiction to another, but careful consideration must be given to including them in the planning process.

At least 10 areas should be covered in the policy document for a drug use identification program:

- The purpose and philosophy of the program.
- The legal authority and limitations of the program.
- Selection of juveniles to participate in the program.
- Drug use identification methodologies and procedures.
- Staff duties and responsibilities related to the program.
- Economic and human resource issues.
- Intervention strategies.
- Interagency coordination.
- Program evaluation and dissemination of results.
- Public relations.

Each of these areas is explored briefly in the following pages.

Program purpose and philosophy

A clear statement of purpose is vital in establishing an effective program. A statement of the purpose of the program should include:

- What is to be accomplished through the implementation of a program to screen juveniles for substance abuse.
- A brief summary of the methods for accomplishing the purpose.
- The persons or organizations responsible for various elements of the program.
- The time period within which certain tasks or events are to occur.
- Any objectives or activities not to be pursued through the program (e.g., the results of drug testing will not be used to bring additional legal charges against youth).

To be effective, the purpose of a substance abuse identification program must be in concert with the agency mission, and implementation methods must be constructed to help accomplish this purpose. It may include the program mission elements included in the "balanced approach," namely, community protection, accountability, competency development, and individualized assessment (Maloney, Romig, and Armstrong, 1988). Equally important is ensuring that the way in which results of drug screenings are to be used is in accord with the agency's mission and program purpose. For example, there will be discord if the program purpose and agency mission stress treatment and rehabilitation of youth, but the way in which drug test results are used is solely punitive.

Legal authority and program limitations

Agencies developing a substance abuse identification program must investigate legislation, regulations, and case law regarding drug testing. Legal liability that might result from failing to detect and treat illicit drug use should be considered.

Authorization to screen youth for illicit drug use should come from State legislation, especially when

urinalysis is used. However, few States have enacted such legislation. If legislative authority is not available, court orders may be sought to allow drug testing. Agency-based policies with administrative support also may be developed. Agencies should work to establish appropriate policies at the highest level possible. The goal should be to establish policies and procedures that are consistent with State legislation and case law and, therefore, are legally defensible if challenged by youth, their families, or staff (American Probation and Parole Association, 1992).

If State statutes do not exist, the basis for legally testing juveniles could depend on their status in the juvenile justice system. There are different legal standards for pre- and postadjudicated youth.

Testing preadjudicated youth. Preadjudicated youth are entitled to all the rights and protections afforded any youth in the community. The constitutionality and legal basis for urine drug testing of juveniles in detention is summarized in the following statement prepared by the ACA/IBH project (1991:1).

> The issue of constitutionality of urine collection and testing in detention facilities hinges on what use is made of the test results. Test results can be used with confidence as part of a case management plan, just like other information from a medical examination. When an initial health screen reveals evidence of diabetes or a sexually transmitted disease (STD), the detention facility is obligated to devise a plan for treatment. This principle holds for urine test results. On the other hand, if testing is used to file charges and prosecute, there is a potential for legal challenge.

Although laws in many jurisdictions may not specifically deal with drug testing, the authority to implement a drug-testing program may be inferred from other laws. For example, the Code of the District of Columbia (where there is an extensive drug-testing program for juveniles) contains the following three provisions that, interpreted broadly, allow for requiring youth in detention to undergo urinalysis (American Correctional Association/Institute for Behavior and Health, 1995):

- **Physical examinations of youth are permitted.** Drug testing is considered within the definition of "physical examinations" allowed by this law.
- **A preliminary determination of the need for supervision is mandated.** Because the determination of illegal drug use would generally justify the need for supervision, testing to detect drug use may be viewed as an essential part of the intake process.
- **A determination must be made about the necessity of detaining a juvenile for his/her protection or the protection of others.** Substance abuse would be among those factors considered when assessing the need to keep a youth in detention.

The District of Columbia Superior Court has determined these three statutory provisions are sufficient to conclude that preadjudicatory drug testing is appropriate. Only local jurisdictions can determine whether their particular statutes would support preadjudicatory drug testing (American Correctional Association/Institute for Behavior and Health, 1995). The ACA/IBH (1995) project advises "[p]readjudication testing should be approached cautiously." It may be wise to make drug testing voluntary for preadjudicated youth, as was done in the three ACA/IBH project sites. However, to encourage voluntary compliance with testing, youth should be informed fully and carefully about the testing program. They should be advised that the results will not be used to bring new legal charges against them or to justify punitive measures (American Correctional Association/Institute for Behavior and Health, 1995).

Testing postadjudicated youth. The rights of adjudicated juveniles within the justice system are diminished because of their age and legal status. Several constitutional rights afforded most citizens may be curtailed for youth, such as the right to vote. Privileges that are legally controlled, such as driving vehicles and purchasing alcohol and tobacco, also are restricted for youth. In addition, those found guilty of crimes may lose their freedom or have conditions placed on it. Conditions placed on postadjudicated youth must be (Del Carmen and Sorensen, 1988):

- Constitutional.
- Clear.
- Reasonable.
- Reasonably related to the protection of society and/or the rehabilitation of the individual.

Challenges to drug testing have focused on five constitutional rights (Del Carmen and Sorensen, 1988) described below:

The right against unreasonable search and seizure. Urinalysis is equivalent to a search for illicit drugs and involves procedures that invade privacy to collect body fluids for analysis. To be constitutional, such a search must be reasonable and based on a rational belief that it is necessary.

The right to due process. Certain procedures must be followed before people can be deprived of their freedom. Challenges to urinalysis on the grounds of violation of due process have usually been unsuccessful. Certain standards should be met, however. The tests used must be accurate and meet scientific standards acceptable to courts. When a legal procedure, such as revocation of probation, is based solely on the evidence of urinalysis, the methodology used must have a high degree of accuracy. Often, courts require a second, confirmatory test before finding there is sufficient evidence to prove illicit drug use and limit the offender's liberty.

Chain-of-custody procedures are another important factor in due process. If procedures are not tight, tampering with the specimen or test results could occur and make them invalid for legal use. Therefore, specimens must be properly sealed, labeled, and stored; documentation of all who handle specimens and reports of results should be maintained. Additionally, specimens from positive tests should be retained in case of possible legal challenges. (A sample chain-of-custody form is included in the appendix.)

The right to confrontation and cross-examination. When used for legal proceedings, results of urinalysis can be challenged based on hearsay evidence. This occurs if the laboratory personnel who actually conducted the test are not present to provide testimony; therefore, the accused person cannot confront and cross-examine the witness who is testifying against him or her. However, these challenges generally have not been sufficient to deter use of urinalysis. Courts have concluded the rights of offenders were not violated because of exceptions to the hearsay rule. Business records, reliability, and trustworthiness of a laboratory are factors considered in excluding a requirement for direct cross-examination.

The right to equal protection. This clause ensures individuals cannot be treated differently unless legal justification exists. With substance abuse, differential treatment is based on an illegal activity, not race, sex, or socioeconomic differences. Because drug screening is reasonably related to the detection, treatment, and/or prevention of substance abuse, it is a justifiable condition.

The right against self-incrimination. The constitutional protection against self-incrimination applies to testimony given in court rather than to physical evidence. Because urinalysis is a form of physical self-incrimination (similar to submitting to fingerprinting or appearing in a lineup) it falls outside the domain of constitutional protection. The use of urinalysis does not require the person to confess to substance abuse, an action that would constitute self-incrimination.

The type of legal proceeding in question largely determines whether a constitutional claim is upheld. Such a claim is more often upheld in criminal trials, because guilt must be proved beyond any reasonable doubt. Constitutional claims fail more often in revocation hearings, because the question of guilt relies on the preponderance of evidence.

When examining challenges to drug testing, it has been found that urinalysis, if conducted properly, does not infringe upon the constitutional rights of offenders. Recommended practices include (Del Carmen and Sorensen, 1988):

- Imposing drug screening only when it is reasonably related to the rehabilitation of the individual and in such cases where the person's delinquent behavior could be attributed to substance abuse.
- Determining whether or not a confirmatory test is required.

- Ensuring that those administering drug tests are trained and properly qualified.
- Following strict chain-of-custody procedures, including sealing, labeling, storing, and documenting transfer of specimens.
- Saving samples with positive results until the time for all possible legal challenges has elapsed.
- Having clearly written policies and procedures for drug screening and for responses to positive findings.

Confidentiality is another important legal issue. Federal laws protect the privacy of persons receiving alcohol and drug abuse prevention and treatment services (Alcohol, Drug Abuse, and Mental Health Administration, 1987). State laws may also address confidentiality; these should be researched before implementing a program. Policies and procedures related to confidentiality of drug testing should address the following areas:

- The youth's right to privacy.
- The person(s) to whom, and under what circumstances, information may be released.
- The type of information that may and may not be shared.
- The process and forms for obtaining permission to release information.
- The consequences for unauthorized disclosure of information.
- The precautions to be taken in collecting and aggregating data to ensure the confidentiality of individual youth.

Selection of juveniles to participate in a drug-testing program

The ACA/IBH project (1991:7) recommends "[e]ach juvenile who is detained and subject to an intake process should receive a drug test as a routine part of admission." The testing should occur either when the youth undergoes initial health screening or when he or she showers and changes clothing before entering the general population (American Correctional Association/Institute for Behavior and Health, 1991). Detention centers may decide that initial testing at intake is sufficient. Others also conduct unannounced, random testing of all juveniles in a facility on a particular day (American Correctional Association/Institute for Behavior and Health, 1995). This might be appropriate if juveniles have left the facility on furloughs and/or if there is any possibility that contraband has been brought into the center.

For youth on probation or receiving aftercare services following incarceration, the question of whom to test becomes more complex. Drug testing can be used as an effective supervision tool for youth engaged in substance abuse. However, drug testing can be costly in terms of supplies, processing costs, and staff time. Therefore, careful decisionmaking is called for to make the program cost effective by selecting appropriate juveniles to participate.

Some agencies do an initial screening of all youth entering probation or other community corrections services. This may involve a combination of assessment instruments and techniques, drug recognition techniques, and/or urinalysis. Other agencies base drug testing on a youth's previous criminal record or other indicators of illicit drug use and test only those with a substance abuse history.

After such screening processes, youth who appear to have an ongoing substance abuse problem may enter the program for continuing drug testing. Program guidelines should be flexible enough to allow youth to enter the program if a new or recurring substance abuse problem is noted. Similarly, if youth are tested over time and there is no indication of ongoing substance abuse, they should be released gradually from the drug-testing program.

Drug use identification methodologies and procedures

Three methods of identifying substance-abusing youth are practical within the juvenile justice system. Combining all three is considered the best approach. Each is described briefly in the following pages.

Assessment instruments and techniques. Assessment procedures can be used to:

- Distinguish alcohol and drug users from nonusers.
- Make initial treatment recommendations.
- Make case management decisions.
- Provide information for a continuum of services.

Assessment may occur at any stage in the youth's movement through the juvenile justice system. Coordination of assessment strategies and sharing of information are vital to ensure youth receive the continuum of services they need.

Three assessment methods identify youth who are using alcohol and other drugs. Each is described briefly in the following paragraphs.

Investigation of existing information. Reviewing existing records will provide information about substance abuse and delinquency histories, education experiences and status, medical history, family situation, and other areas. Juvenile justice, medical, school, social service, and other records provide valuable information that will evoke questions for further investigation.

Self-reports and client and collateral interviews. Although an offender's statement should not be relied upon as a sole indicator of alcohol and other drug involvement, there are therapeutic benefits to confronting a youth with questions about use of chemicals. Interviews with the juvenile go beyond self-reports/statements made by the youth and probe for more comprehensive information. Collateral interviews involve gathering information from individuals who are, or have been, closely associated with the youth. Areas to be explored include the history and status of the youth's substance abuse and delinquency, mental status, treatment, family, education, medical problems and needs, and any positive support systems in the youth's life.

Assessment instruments. This area includes a wide range of tools that can aid practitioners in identifying substance-abusing youth and planning for effective interventions. Standardized interviews must be conducted according to a prescribed style using a preestablished list of questions. Therefore, the interviewer is restricted from freely probing beyond conflicting or superficial answers. Structured interviews allow the interviewer more flexibility, but they require more experience in working with youth and greater expertise in interviewing. The interviewer is expected to probe beyond vague or conflicting responses in order to uncover more information. The juvenile takes self-administered tests, which require some motivation and reading ability to be completed accurately. They eliminate interviewer bias and can be scored and quantified easily. For youth who have difficulty speaking directly about themselves, these tests provide an indirect and, possibly, less threatening method of self-disclosure.

Several factors must be considered when selecting assessment instruments, including:

- Ease of use.
- Expertise and scoring time required to administer and score the instrument.
- Necessity of staff training and whether it is available.
- Possibility of bias.
- Validity of the instrument (Does it accurately measure what it intends to measure?).
- Reliability of the instrument (Does it produce stable results regardless of the influence of fluctuating or extraneous factors?).
- Credibility of the instrument (Is it accepted among practitioners and members of the judiciary? Has it been normed with a population of juvenile offenders?).
- Motivation level and verbal and reading skills required of the youth to be assessed.
- Propensity for the instrument to be manipulated.
- Average cost.

Once collected, assessment information must be integrated, evaluated, and used appropriately in making decisions about the youth and his or her substance abuse. A client management classification

system may be used to guide case management decisionmaking. It also is important that assessment data be compiled in a format that is most useful to all who will have responsibility for intervening with the youth. A management information system, whether automated or manual, is important for this purpose.

There are several advantages, and some disadvantages, of using assessment instruments and techniques. The greatest advantage of assessment procedures is their ability to gather information about chemical use other than current or very recent use that can be detected through drug recognition techniques or urinalysis. In developing an effective intervention plan, this kind of long-term data can be very helpful. Many assessment approaches also allow for gathering information about the social context of a youth's substance abuse problems. When, where, why, and with whom they use alcohol and other drugs can be important information for case management purposes.

The disadvantages of assessment procedures include the time involved in completing a thorough assessment. Some assessment tasks and the administration of some instruments also require staff with advanced skills or special training.

Drug recognition techniques. Drug recognition techniques were developed originally by the Los Angeles Police Department to help law enforcement officers identify drug-impaired motorists in a traffic arrest situation. The Orange County, CA, Probation Department later applied and adapted the techniques for use in community corrections settings, using their findings to expand the period for detecting illicit drug use.

Drug recognition techniques are systematic and standardized evaluation techniques for detecting signs and symptoms of substance abuse. All the areas evaluated are observable physical reactions to specific types of drugs. Three key elements in the process are:

- Verifying that the person's physical responses deviate from normal.
- Ruling out a cause that is not drug related.
- Using diagnostic procedures to determine the category or combination of substances that are likely to cause the impairment.

A skilled practitioner can determine, with a high degree of accuracy, whether a youth has used some substances recently. Drug recognition techniques include the identification of the category of chemical substances ingested, although it is not possible to identify specific drugs within a classification. These techniques can determine whether a youth currently is under the influence of substances or has used a particular drug or combination of drugs within 72 hours of ingestion. However, it is not possible to determine the amount of the substance consumed.

Using drug recognition techniques is cost efficient because they often can eliminate the need for costly urinalysis by screening out those youth who do not show symptoms of current or recent substance use. This does not mean these youth have not used illicit drugs; however, if the symptoms are not apparent through drug recognition techniques, it is unlikely there is a sufficient quantity of most drugs, or their metabolites, left in the body for urinalysis to produce a positive test result. (Marijuana and PCP may be exceptions, as low levels sometimes can be detected through urinalysis for as long as 3 to 4 weeks.) Initial training for staff to become proficient in using these techniques can be costly, but once the staff are trained, ongoing expenses are minimal.

Use of drug recognition techniques provides immediate results with which to confront youth. These techniques are minimally intrusive in detecting illicit drug use, compared with the collection of body fluids required for urinalysis. The process is systematic and standardized, reducing the possibility of bias or error by trained staff.

Not all categories of drugs are equally detectable using drug recognition techniques, and the specific drugs ingested cannot be determined. Thus, the techniques used alone may not be conclusive in determining the exact substance used or in detecting the effects of illicit drugs that have minimal influence on the physical responses measured by the techniques.

There are 12 steps in the drug recognition process:

- Drug history.
- Breath alcohol test.
- Divided-attention psychophysical tests.
- Medical questions and initial observations.
- Examination for muscle rigidity.
- Examination for injection sites.
- Examination of vital signs.
- Darkroom examination.
- Examination of the eyes.
- Youth's statements and additional observations by staff.
- Opinions of the evaluator.
- Toxicological examination.

It is imperative that practitioners be well trained in using these techniques and that each step be followed precisely to preserve the credibility and integrity of the drug recognition process.

Chemical testing. Chemical testing is the most physically intrusive and the most expensive of the three methods of identifying illicit drug use; however, it is also the most accurate. Several scientific methods are available for detecting illicit drug use in individuals, including urinalysis, blood analysis, hair analysis, and saliva tests. However, saliva and breath analysis for alcohol, and urinalysis for drugs other than alcohol, are the methods currently recommended because they are reliable and relatively inexpensive compared with other methods of chemical testing.

Immunoassay tests generally are used for initial tests, and they are considered reliable for detecting the presence of illicit drugs in a person's system. These tests depend on naturally occurring reactions between antibodies and antigens. A specific antibody can be produced to react with a particular antigen, such as a drug. A "tag" is chemically attached to a sample of the illicit drug to be detected.

Immunoassay procedures vary primarily in the tag used to produce the reaction. The following immunoassay methods of urinalysis have been developed. Often, the type of tag used to produce the chemical reaction is reflected in the name of the test:

- Radioimmunoassay (RIA).
- Latex agglutination immunoassay (LAIA).
- Enzyme immunoassay (EIA).
- Fluorescence polarization immunoassay (FPIA).
- Kinetic interaction of microparticles in solution (KIMS).
- Ascent multi-immunoassay (AMIA).

During an immunoassay process, the reagent (the tagged drug), the urine, and the antibody are combined. The tagged drug and the untagged drug (if present in the urine) compete for binding sites with the antibody. If a sufficient concentration of drug is in the urine, little of the tagged drug can bind with the antibody. The results will indicate the amount of tagged drug that either was or was not bound with the antibody. These results are compared with a sample containing a known amount of a drug to determine whether the urine contained a measurable amount of the substance.

Immunoassay tests provide qualitative results that indicate the presence or absence of a chemical relative to a certain cutoff level. However, except for the RIA method used primarily by the military, which provides quantitative results, they cannot indicate the actual amount of the illicit drug in the system or when it was ingested.

Chromatography methods of urinalysis extract the drug from the urine in a concentrated form. This is then processed by laboratory instruments using heat or liquids, causing the drug metabolites to separate. These methodologies include gas chromatography/mass spectrometry (GC/MS), gas chromatography (GC), and high-performance liquid chromatography (HPLC). They are the only other procedures providing a quantitative reading of the level of drugs in one's system. GC/MS is considered the "gold standard" of urinalysis testing, and although it is the

Table 4: Recommended Cutoff Levels for Initial Tests

Cannabinoids*	50 ng/ml
Cocaine*	300 ng/ml
Opiates*	300 ng/ml
Amphetamines/Methamphetamines*	1,000 ng/ml
PCP*	25 ng/ml
Benzodiazepines**	100 ng/ml
Barbiturates**	300 ng/ml
Methadone**	300 ng/ml

*U.S. Department of Health and Human Services Mandatory Guidelines for Testing Levels.

**Cutoff levels for these drugs are not included in the HHS guidelines because they may be legally prescribed. The cutoff levels cited are those recommended by the scientific community.

Sources: *Federal Register*. 59(11): 29922.

American Probation and Parole Association. 1992. *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Table 5: Recommended Cutoff Levels for Confirmation Tests

Cannabinoids*	15 ng/ml
Cocaine*	150 ng/ml
Opiates*	300 ng/ml
Amphetamines/Methamphetamines*	500 ng/ml
PCP*	25 ng/ml
Benzodiazepines**	250 ng/ml
Barbiturates**	250 ng/ml
Methadone**	250 ng/ml

*U.S. Department of Health and Human Services Mandatory Guidelines for Testing Levels.

**Cutoff levels for these drugs are not included in the HHS guidelines because they may be legally prescribed. The cutoff levels cited are those recommended by the scientific community.

Sources: *Federal Register*. 59(11): 29922.

American Probation and Parole Association. 1992. *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

most expensive, it is often used to confirm positive results of initial tests. Thin-layer chromatography (TLC) was one of the earliest methods developed, but it has been found to be extremely unreliable and is not recommended for use in the criminal or juvenile justice system (Bureau of Justice Assistance, 1990).

Breath analysis is the most commonly used and most cost-effective method of detecting levels of alcohol intoxication. Because alcohol evaporates quickly from urine, urinalysis generally is not used to test for alcohol.

The cutoff level is the amount of drug or metabolite that must be in the specimen for a test to show a positive result. A positive test indicates the amount of drug present is above the cutoff level; negative results show there is no drug or the amount is below the cutoff level. The cutoff level is usually measured in nanograms per milliliter (ng/ml), and recommended cutoff levels for illicit drug categories have been developed by the Division of Workplace Programs, Center for Substance Abuse Prevention (CSAP) (see table 4). Cutoff levels for confirmation tests are generally set lower than those for initial tests (see table 5). Agencies are encouraged to establish cutoff levels consistent with those recommended by the U.S. Department of Health and Human Services (HHS) guidelines (Substance Abuse and Mental Health Services Administration, 1994), as they are more likely to be accepted by courts if the results of drug tests are challenged.

It is important that agencies conducting urinalysis have well-defined policies and procedures for doing so. Following are some issues that should be considered in developing policies. The documents listed in the references and suggested readings section of this Summary are sources of additional information on these topics.

Frequency of testing. Staff and monetary resources can be wasted if tests are conducted more often than necessary. However, testing should occur with sufficient frequency to ensure there is a reasonable opportunity to detect youth who are using illicit drugs. Policies should establish minimum frequencies for testing (e.g., once per week; three times per month). These should be flexible enough that personnel could

Table 6: Approximate Duration of Detectability of Selected Drugs*

Drug	Duration of Detectability
Alcohol	Very Short**
Amphetamine	2–4 days
Methamphetamine	2–4 days
Barbiturates	
• Most types	2–4 days
• Phenobarbital	Up to 30 days
Benzodiazepines	Up to 30 days
Cocaine metabolities	12–72 hours
Methadone	2–4 days
Opiates (heroin, codeine, morphine)	2–4 days
Cannabinoids (marijuana)	
• Casual use	2–7 days
• Chronic use	Up to 30 days
Phencyclidine (PCP)	
• Casual use	2–7 days
• Chronic use	Up to 30 day

*These provide only general guidelines. Many variables should be considered in interpreting duration of detectability. These include drug metabolism and half-life, the youth's physical condition, the youth's fluid balance and state of hydration, and the route and frequency of ingestion.

**The period of detection depends on the amount consumed. Approximately 1 ounce of alcohol is excreted per hour.

Source: Division of Workplace Programs, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

test any youth if circumstances so dictated. For example, a youth whose behavior seems erratic might be tested before the next random test time occurs.

Because different drugs of abuse stay in the body for varying lengths of time, ranging from a few hours to several days (see table 6), it is helpful to know the youth's drug(s) of choice to decide how often he or she should be tested. Many programs test youth initially and periodically during their time in the program for a broad range of illicit drugs, but most of the time they test only for those substances the youth has been known to use. Another factor to consider is the youth's progress in the program. Initially, testing may be performed much more often, with testing frequency being reduced for youth whose results are consistently negative. A response to the youth should always be made following testing, whether the results are positive or negative. A realistic appraisal of staff tasks also is important. Thus, caseloads and other responsibilities of staff must be considered when deciding how often to test.

Scheduled and random testing. Some agencies conduct testing at set times, while others advise youth that they are subject to testing at any time. Scheduling tests can help staff members organize their tasks and time efficiently. However, when juveniles know they will be tested at certain times, they may learn to schedule their substance abuse accordingly to avoid detection. Therefore, random testing is generally recommended.

Observed specimen collection. To avoid the possibility of specimens being adulterated or otherwise tampered with, urination should be observed by a staff member who is the same sex as the youth. There are two ways youth may attempt to taint a urine sample: by ingesting something before giving the sample or by adding something to the specimen after it leaves the body. Examples of substances youth might try to ingest before a drug test include large quantities of water, acidic liquids (such as lime or lemon juice or vinegar), diuretics, pectin, and oriental tea. Water, bleach, toilet bowl cleaner, and soap are examples of substances youth might try to add to a specimen during or after urination. Most of these substances will not affect the accuracy of most drug tests unless the amount of drug remaining in the youth's system is already very close to the cutoff level. Test manufacturers also have taken steps to design tests that detect adulterants or ensure specimens are brought to the proper pH level before they are analyzed. Another ploy some youth might use if not supervised is to substitute a specimen they have taken earlier or one from another individual. A substitution should be easily detectable by the temperature of the sample; some collection cups now have temperature strips to ensure the sample is consistent with body temperature. Youth also might make a sample useless by punching a hole in the collection cup. Because of all these possibilities, it is recommended that collection of

specimens be observed to rule out any potential for adulteration, switching of samples, or tampering with collection cups.

Chain of custody. There must be a record of the whereabouts and persons handling the urine specimen and test results at all times. This includes documentation of the specimen collection; handling, storage, transportation, and testing; and dissemination of results. All drug-testing specimens, supplies, and equipment should be kept in a locked storage area.

Onsite testing or contracting for services. There are both instruments and field kits that can be used by agency personnel to conduct initial immunoassay tests. If used according to manufacturer's directions, these provide accurate qualitative results. However, it is also possible to contract with a laboratory to analyze the specimens collected from youth. Volume of testing, staff time, training level for processing tests, the time required to obtain results, and the availability of laboratories will be factors to consider in selecting either onsite or laboratory services. Some programs use a combination of onsite and laboratory testing. For example, they may conduct initial tests onsite and, if necessary, send positive tests to a laboratory for confirmation. Using commercial laboratories, health departments, and forensics laboratories might be explored.

Safety measures. One aspect of safety includes procedures for handling and testing urine specimens. There are no known cases of transmission of HIV through laboratory contact with urine. However, it is wise for personnel to take standard precautions when handling urine to protect themselves from any potential disease transmission. Safety procedures should include wearing rubber gloves, lab coats, and goggles.

Safety measures also should be employed to protect the specimens. Therefore, rules should include no smoking, eating, or drinking in the area where specimens are stored or handled. No food should be in the same refrigerator with specimens.

Safety concerns also should be related to the youth in the program. Staff should be trained to identify the possible withdrawal symptoms or side effects of chemical use that might endanger a youth's health and safety. Some substances may lead to erratic behavior that could endanger the youth or others. Staff should know how to intervene appropriately if these are noticed. If youth have injected drugs, it may be important for them to receive counseling and testing for HIV/AIDS and other blood-borne infections.

Finally, safety also refers to the development of guidelines for staff and youth when revealing positive results to juveniles. When working with potentially violent youth, staff should be trained to use designated procedures in case of an emergency.

Quality assurance and quality control. Steps should be taken by agency personnel or laboratories to document the accuracy and reliability of the testing program regularly. Without such measures, the program may be subject to legal liability issues.

Report of results. Onsite noninstrument tests will yield virtually instant results. However, onsite instrument and laboratory testing procedures will take longer. For youth, timely responses to their behavior are important. The type of agency and the way results will be used also will affect how soon results may be needed. For detention programs, results may be needed before the youth goes to court. Thus, the ACA/IBH (1995:4) project recommends "[s]pecimen collection should take place during the intake process, and testing should occur before the pre-hearing or within 48 hours of detention." Initial information also is needed for case planning. The APPA *Guidelines* (1992:49) state the turnaround time for receiving a report of results "should be 72 hours or less from the time the specimen reaches the laboratory until the results are received by agency personnel."

Confirmation. A positive result may be confirmed in three ways: a statement of admission by the youth, a second test using the same methodology, or a second test using a different methodology. For legal proceedings, especially if a youth's freedom may be limited, a second test using a different methodology may be necessary. Confirmation by GC/MS is required in some jurisdictions because it is the most accurate test. If results are going to be used for treatment planning or for internal program procedures, the other methods of confirmation may be acceptable.

Responding to results. Unless a response follows every test administered, youth may receive an unintended message that drug testing is simply procedural and does not have much impact. Chemical testing, assessments, and drug recognition techniques are tools available to juvenile justice agencies and practitioners to identify and monitor substance abuse among youth. The most critical element of any program is how the results are used to intervene with the youth. This will be discussed in greater detail later in this document.

Staff duties and responsibilities related to the program

New programs entail additional responsibilities for staff. Including staff in the planning process and addressing their concerns throughout is likely to result in better cooperation with the program.

It is also important to clearly define staff responsibilities and qualifications for implementing screening procedures. In addition to possessing job-specific knowledge and skills, all personnel should be committed to the highest standards of ethical behavior. Providing appropriate initial and ongoing staff training is vital. Planners can facilitate effective teamwork and staff cohesion by:

- Involving staff in the decisionmaking process.
- Setting clear, achievable goals and objectives for the program and communicating them effectively to the staff.
- Establishing effective procedures for conducting the program.
- Maintaining constructive communication among team members.
- Allowing the team latitude to solve problems and grow with their responsibilities.
- Providing training programs to help members perform their duties proficiently.
- Recognizing and rewarding excellent job performance and allowing the team to share in the success of the program.

Economic and human resource issues

In developing new programs, agencies must consider the following costs and benefits:

- **Tangible cost factors.** These include the calculated costs for each type of screening procedure and for intervention methods to be used. In addition to staff time, these costs include supplies and equipment or laboratory fees.
- **Intangible cost factors.** These are expenses that could occur, such as a potential lawsuit. Such costs are often avoidable through implementation of thoroughly researched, comprehensive, and clearly written policies and procedures.
- **Tangible benefits.** These are the calculated amounts that can be saved by establishing a program. This might include money saved by diverting some youth from incarceration facilities and to more appropriate placement in treatment programs.
- **Intangible benefits.** These are predictable but immeasurable savings that may occur because of a new program, such as lower healthcare costs, fewer motor vehicle accidents, reduced theft and vandalism, and other related areas.

Program planners and administrators should strive to obtain needed resources for a drug-testing program while containing costs as much as possible. In addition to agency budgets, there are other sources for funding programs, including:

- Federal, State, and local grants and funding programs.
- Agency collaboration.
- Resource sharing.
- Fundraising.
- User fees.

With careful planning and oversight, drug screening may prove less expensive than some might presume. Possible strategies for cost containment include:

- Reducing the number of youth to be drug tested by using assessments and drug recognition techniques to prescreen them.
- Using random rather than scheduled urinalysis.
- Encouraging youth to admit illicit drug use rather than undergo testing.
- Enlisting the help of student trainees or volunteers to assist staff.
- After initial assessments, testing only when appropriate (e.g., youth with substance abuse histories or related offenses; youth with recent behavioral changes).
- Testing with sufficient frequency to detect illicit drug use, but scheduling the frequency of testing according to the drug use habits of the youth (i.e., determine which chemicals stay in the system longer and test for these less frequently).
- Using the least expensive method of testing appropriate (e.g., if test results are to be used only for treatment planning or supervision of the youth, less expensive immunoassay tests giving a qualitative result should be sufficient).
- Using confirmation testing only when necessary (e.g., when a youth denies use or when results will be used for court proceedings).

Intervention strategies

Identifying alcohol- and drug-involved juveniles is only the first step in a successful program. Programs need to consider intervention strategies at three possible levels.

- **The individual level** focuses on the young person who has engaged in illegal behavior and has been identified as using psychoactive substances. Interventions are intended to correct specific behaviors or treat underlying needs and problems resulting in delinquency and substance abuse.
- **The environmental level** includes factors intertwined with the developmental process, such as family, peers, community, religious affiliation, and school experiences. Creation of environments that will reinforce prosocial behavior is an important goal. Family interventions, positive peer group approaches, placement of youth in healthier environments, and changing disorganized communities are possible intervention approaches at this level.
- **The societal level** contains the broader context of conditions that often impinge upon environmental circumstances and individual options, including poverty, minority status, employment opportunities, and access to healthcare. Social problems contribute to individual, family, and community distress. Such problems are of longstanding duration and take considerable effort to alleviate. However, agencies and practitioners can contact elected officials, stay informed about social conditions and political processes, vote, and conduct research to add to the knowledge base that can be used to make informed policy decisions.

Case management of individual youth is often the primary task of juvenile justice practitioners. Intervention strategies used with substance-abusing youth may differ depending on where they are in the juvenile justice process. For preadjudicated youth in detention centers, intervention may focus primarily on using information to develop an effective case plan to help the youth stop abusing substances. For an adjudicated youth on probation, these same intervention tasks are appropriate, but drug testing can also be used as a supervision tool to monitor compliance with probation conditions. Youth who are not in compliance may receive graduated sanctions with treatment interventions to help them control their behavior. Usually, drug test results of pre- or postadjudicated youth are not used to bring new drug-related charges against them.

Six elements in the case management model (National Center for Juvenile Justice, 1991) are described briefly in the following paragraphs.

Case assessment and classification is the foundation of good case management. Both the needs of individual youth and available resources must be assessed.

Case planning includes analyzing available data, setting priorities, and matching the treatment to the needs of the youth. The case plan will address community risk, youth responsibility, substance abuse

issues, youth development, and family and environmental problems. The case plan should include goals, objectives, timeframe, criteria for successful completion, persons responsible for specific tasks, and expected benefits to the youth.

Performance of services includes both treatment and supervision strategies that may vary in level and intensity depending on individual needs of youth. Specific supervision strategies may correspond with the components of the balanced approach in juvenile justice (Maloney, Romig, and Armstrong, 1988). Strategies for community protection might include providing security to control the source of the illicit drug supply or monitoring substance use among juveniles. Strategies related to accountability might be adult supervision of juveniles performing community service, counseling, changes in program status, and restitution or service to victims. Achieving competency development requires treatment combined with education stressing social, vocational, and life skills development.

Treatment matching includes an assessment of the needs, problems, and characteristics of individual youth, program types and elements, and resources available. Treatment programs for youth may include therapeutic communities, outpatient programs, 12-step programs, day treatment, residential and hospital-based programs, detoxification programs, and, rarely, pharmacotherapy. Within these programs, various treatment modalities often included are drug education, individual therapy, group therapy, positive peer influence, family therapy, and cognitive behavior interventions. Various new approaches being implemented include boot camps, afterschool programs, therapeutic adventure programs, partial hospitalization and day treatment or intensive treatment programs, halfway houses, and supervised independent living programs.

Examples of specific interventions provided within various detention centers include drug education classes, group or individual counseling/treatment programs, and 12-step programs (e.g., Alcoholics Anonymous and Narcotics Anonymous). Referrals also were made for youth to attend community-based treatment and 12-step programs when they left detention.

Probation programs similarly can develop effective means for intervening with youth who test positive for illicit drugs. For example, some interventions and consequences developed by various programs include:

- Verbal confrontations/reprimands.
- Drug education programs.
- Increased drug testing.
- Increased contacts with a probation officer.
- Earlier curfews.
- Community service assignments.
- Home restriction.
- Referral for treatment.
- Probation violation procedures.

As substance abuse is a chronic, relapsing disorder, relapse prevention should be a component of all intervention strategies. Adolescents are at particularly high risk for relapse because of their developmental stage. Many typical adolescent issues include physical and emotional changes that exacerbate relapse tendencies. Chemical dependency often delays normal development, making it difficult for recovering youth to function in age-appropriate ways. Some youth return to substance abuse as a way of managing the uncomfortable feelings associated with these problems (Bell, 1990).

Relapse is not a sudden event beginning with a return to drug or alcohol use. Rather, there are signs relapse may occur long before the first incidence of renewed substance use. Relapse prevention emphasizes teaching youth to recognize and manage problems that may lead to relapse.

Monitoring and enforcement of supervision and treatment should be proactive, preventive, and consistent. If youth or others involved in the case plan are not in compliance with it, the causes must be assessed. It may be possible to eliminate those causes or revise the case plan to enable those who are responsible to comply.

Recordkeeping is an essential part of the intervention process. Documentation provides data for evaluating a youth's progress and accomplishments or reformulating the case plan if necessary. It also provides information for court reports when needed.

Case closure is important for several reasons. It may be necessary to file a final report or have a youth appear in court to close the case. Recognition of achievements is an important part of the therapeutic process for youth. It is also possible to obtain feedback about services through the case closure process.

Particular considerations may be required when intervening with youth who have special needs. Pregnant or parenting youth, juveniles at risk of HIV infection, youth who are developmentally disabled, and minority youth are among those in need of unique services that must be addressed when case plans are developed or referrals are made.

Interagency coordination

It is not feasible for juvenile justice agencies alone to combat the problem of youth substance abuse successfully. It takes the entire community to ensure that youth develop in a healthy and prosocial way. Therefore, juvenile justice agencies will need to work closely with other agencies and interest groups to meet the needs of youth effectively. Many individuals and organizations (schools, treatment providers, child protection agencies, social services organizations, victim advocacy groups, churches, youth organizations, recreation programs, and businesses) may be involved with the same youth. A program to identify and intervene with substance-abusing youth will be most successful if all these entities can join the identification and intervention process. This may occur formally or informally, but it is important for all who work with youth to share common goals. Task forces, jointly sponsored training conferences, and other communitywide endeavors could be used to enlist the help and support of all important stakeholders.

Sometimes, more structured relationships may be required. For example, it may be necessary to reach formal agreements with treatment agencies that will provide group treatment services to youth in the community or with schools that will provide a drug education course in the detention center. Such agreements should specify what is to be done, by whom, and within what timeframe. They should further specify how vital information will be communicated between juvenile justice agencies and treatment or education programs.

Program evaluation and dissemination of results

Evaluation is a crucial element for program success. Performance-based measures include both process and outcome appraisals designed to assess program results and effectiveness (Boone and Fulton, 1995). Evaluation results can be useful in making needed program modifications. A program proven effective through evaluation is more likely to receive continued funding. Evaluation also can provide data for reporting significant findings to interested parties within and outside the agency.

For each program, an agency-specific, performance-based measurement strategy should be developed. This process should involve key agency stakeholders (including line personnel, supervisors, and administrators) in exploring and developing the following areas (Boone and Fulton, 1995):

- Agency values that are clearly articulated.
- A mission statement that reflects agency values and links them to the operation of programs.
- Program goals that are clear, specific, measurable, practical, and specific to a timeframe.
- Program activities that support these goals.
- Performance-based evaluation strategies.

Important steps in the evaluation process include (American Probation and Parole Association, 1991; Boone and Fulton, 1995):

- Determining which processes and outcomes are to be measured.

- Selecting an evaluation method, such as descriptive research, before/after studies, and experimental and quasi-experimental research methods.
- Developing a management information system to collect, aggregate, and retrieve data.
- Establishing standard procedures and incorporating them into program policies to achieve uniformity and validity.
- Disseminating evaluation results to inform staff and the community and generate positive support for the program.

Public relations

Information about the program should be shared both within the agency and externally. In-house agency newsletters and reports at staff meetings may be used to share program progress, discuss problem areas, and sustain staff support.

Journal articles, conference presentations, media releases, and agency external reports should emphasize the impact of the program on substance abuse and crime and its implications for juvenile rehabilitation and public safety. Agency policy may need to specify who will have responsibility for developing reports directed to external audiences and responding to any media inquiries.

Conclusions and Recommendations

Conclusions

Because substance abuse and delinquency are inextricably interrelated, identifying substance-abusing youth in the juvenile justice system is an important first step for intervening in both their substance abuse and their delinquent behavior. Drug identification strategies, followed by effective interventions, help prevent further illicit drug use and delinquency. Drug testing can be a constructive means of helping youth overcome denial of their substance abuse. As a part of intervention, drug testing can be used to help youth achieve and maintain recovery and curtail other deviant behaviors. Over time, effective drug identification will help juvenile justice agencies achieve the goals of a balanced approach including community protection, youth accountability, and competency development.

Five sites engaged primarily in juvenile probation and three juvenile detention centers implemented the drug identification programs reported in this Summary. Each received assistance from the APPA or the ACA/IBH to establish a drug-testing and intervention program meeting standards based on national research on drug-testing programs. Across the eight demonstration sites, the percentage of positive drug test results obtained from youth ranged from 10 percent in one site to 37 percent in another, a finding that corresponds to other data that show a significant amount of illicit drug use among youth in the juvenile justice system. The most frequent positive results in all sites were for marijuana. In most of the sites, the next highest rate of positive results was for cocaine. However, in all but one site, the percentage of positive results for cocaine was dramatically lower than the percentage of positive results for marijuana. Two sites had several positive tests for PCP. Several sites also reported positive results for other, unspecified drugs. Across the eight sites, positive test results for opiates, barbiturates, amphetamines, and benzodiazepines were minimal. However, one detention site reported that although youth were admitting use of amphetamines at higher rates, cost factors prohibited routine testing for these drugs. These results point out that patterns of illicit drug use by youth may be quite diverse in different localities. Drug testing can help those who work with juveniles determine usage patterns.

Most programs found staff to be supportive of drug-testing programs, especially if they were involved in the initial planning of the programs. Problems related to youth cooperation with the programs also were reported to be minimal, and several examples of parental support for the programs were provided. By-and-large, community stakeholders encouraged and supported the programs; however, there were a few incidents of specific individuals or groups who created initial barriers.

A key ingredient of a drug identification program is the intervention that occurs after the determination of test results. Drug testing is a vital tool for case planning and ongoing monitoring of substance-abusing youth. Critical to intervention is the ability of juvenile justice practitioners to apply immediate rewards or consequences to substance-abusing youth and to find appropriate education and treatment programs in the community for them.

Recommendations

Following are several recommendations for effective drug identification programs distilled from the experiences of the APPA and ACA/IBH projects.

- Program planning, development, and implementation should include all potentially affected persons,

including agency administrators, line personnel, key juvenile justice stakeholders (e.g., judges, court administrators, prosecuting and defense attorneys), and important community representatives (e.g., substance abuse, mental health, and medical treatment providers).

- The program purpose should complement the agency's mission statement.
- There should be a clearly defined rationale and procedure for identifying youth to be included in the program. For detention programs, all youth entering a center should be screened. For probation programs, all youth may be screened, but it is usually cost effective to limit ongoing tests to those found to have a substance abuse problem.
- The program must have written policies and procedures that all staff read and understand. This document should detail areas such as the agency's authority to perform drug testing (i.e., State statutes, court orders, or agency policy), procedures for observed specimen collection, chain of custody, cutoff levels, confirmation procedures, use of results, and confidentiality for youth in the program. Youth identified as having alcohol and other drug use problems often need multiple services from a variety of community agencies. Juvenile justice agencies and the youth they serve will benefit from interagency partnerships to provide these services. Clearly articulated interagency agreements, including referral processes and procedures for sharing information between agencies, should be included in program policy documents.
- Drug testing in probation agencies should be used with sufficient frequency and randomness to identify and deter continued substance abuse.
- Every use of drug identification measures should be followed by an intervention.
  - Positive indicators of chemical use should be followed by enhanced supervision, more frequent testing, and/or treatment responses.
  - Negative indicators of substance use should be followed by praise, rewards, and encouragement.
- Interventions should be appropriate for the developmental stage of the youth and tailored to individual case plans.
- Staff involved in the program should receive ongoing training.
- Ongoing evaluation of the program should be undertaken, and the information obtained from the evaluation should be the basis for decisions about the future direction of the program.

Although drug testing is an additional expense for juvenile justice agencies, it often can save money over time by helping staff manage cases more appropriately, thereby preventing further substance abuse and delinquency that return youth to detention or confinement and probation or other juvenile justice agencies. However, the most important reason for implementing drug testing is its benefits for individual youth, their families, and communities. When lives can be reclaimed from patterns of substance abuse and delinquency, the personal and social advantages are immense.

Future Directions

As the projects described in this document ended, a clear need for a continuing emphasis on intervening with alcohol- and drug-involved youth was recognized. Participants in the training and technical assistance activities indicated they needed a broader base of skills and knowledge to move from initially identifying substance-abusing youth to intervening more effectively with them. Recognizing the validity of this request, OJJDP and the Center for Substance Abuse Treatment[3] (CSAT) funded a subsequent project conducted by APPA.

The juvenile justice system must take primary responsibility for delinquent and substance-abusing youth who enter the system. Interventions should be consistent with the principles of OJJDP's *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (1993), including:

- Family strengthening interventions.
- Support and involvement of core social institutions.
- Prevention strategies.
- Immediate and effective intervention.
- Special emphasis on identifying and intervening with youth who pose the greatest risk.

As juvenile probation and parole/aftercare staff are most likely to have sustained contact with delinquent youth in the community, their role in effectively intervening with youth who use alcohol and other drugs is vital. The subsequent APPA project was designed to provide training and technical assistance to juvenile probation/parole agencies and professionals in two areas: systems development and skills development.

Systems development training and technical assistance

Programs providing services to youth must be coordinated with other services provided by local communities. To ensure a holistic intervention approach, juvenile probation and parole/aftercare programs must interact with other components of the juvenile justice system (e.g., law enforcement, courts), treatment agencies, healthcare services, and child welfare and education programs. Several local jurisdictions received targeted training and technical assistance to help them achieve an integrated service delivery approach for delinquent and substance-abusing youth. The training and technical assistance emphasized the balanced and restorative approach to juvenile justice services, the need to plan for a comprehensive continuum of services across systems, and effective communication, cooperation, and collaboration in the delivery of services.

Skills development training

Many communities have limited resources for meeting the needs of delinquent and substance-abusing youth. Therefore, this project developed a training curriculum focusing on skills needed by juvenile justice personnel to work with alcohol- and drug-involved youth. Assessment methods, counseling techniques, relapse prevention, family interventions, effective interagency referrals and relationships, and prevention programming are among the critical elements addressed in the curriculum.

3. The Center for Substance Abuse Treatment is a branch of the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

The project developed materials for training participants and instructors. A program to train trainers expands the efforts of the project by providing training personnel with the tools and methods to replicate these training programs in local jurisdictions.

This project represents an ongoing commitment of OJJDP, CSAT, and APPA to effective strategies that assist juvenile justice agencies and staffs to intervene in juvenile substance abuse and delinquency. Identifying alcohol- and drug-involved youth is an essential first step. Once identified, juvenile probation and parole/aftercare agencies and staffs have the critical responsibility of providing or facilitating the delivery of services needed to help these youth toward recovery.

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Glossary

Abuse — Prolonged, persistent, or sporadic excessive drug use that is inconsistent with or unrelated to accepted medical practice.

Accuracy — The ability of a testing method to consistently produce the true identity or quantity of the measured substance.

Addict — A person who cannot resist a habit, especially the use of drugs or alcohol, for physiological or psychological reasons.

Addiction — A compulsive physiological need for a drug.

Adulteration — The addition of foreign material to a specimen so that it will invalidate a test.

Agglutination — The process of particles forming from the binding of antibody and latex-coated drug metabolite. Agglutination occurs with a negative urine specimen.

AIDS — Acquired immune deficiency syndrome. A viral disease that damages the body's immune system, making the infected person susceptible to a wide range of serious diseases. May also involve neurologic symptoms. One means of transmission of the virus causing AIDS is associated with injection drug use.

Aliquot — A portion of a specimen used for testing.

Amobarbital — A moderately long-acting barbiturate used both to sedate and to control convulsions.

Amphetamines — A class of drugs that have pronounced stimulant effects on the central nervous system. Street names include "speed," "uppers," "bennies," "pep pills," and the so-called designer drugs (such as Ecstasy).

Analyte — Substance to be measured.

Antagonist — A drug that blocks or counteracts the effect of another drug.

Antibody — A substance that binds to a specific drug or drug metabolite.

Antidepressant — A major classification of drugs used medically to improve mood in severely depressed patients. Included are the tricyclic compounds, Amitriptyline (Alluvial) and Imipramine (Trofranil). These are rarely used for nonmedical purposes, as they have little immediate pleasurable effect on normal mood states.

Antigen — A substance, alien to the body, that triggers the formation of an antibody.

Barbiturates — The largest and most common group of the synthetic sedative/hypnotics. In small doses, they are effective tranquilizers used in sedation and in relieving tension and anxiety. In larger doses, they are used as hypnotics (sleep inducers). When large dosages are not followed by sleep, signs of mental confusion, euphoria, and even stimulation may occur — effects that are similar to those of alcohol.

Barbiturates often are used or abused "recreationally" by people seeking similar effects to those produced by alcohol. Barbiturates also are used in combination with, or as a substitute for, other depressants, such as heroin, and often are taken alternately with amphetamines, because they tend to enhance the euphoric effects of amphetamines while calming the nervous states they produce.

Barbiturates are classed by their clearance time as long acting, intermediate acting, short acting, or ultrashort acting. The ultrashort (Thiopental) are

generally used as anesthetics. The most commonly abused are the short-acting agents such as pentobarbital (Nembutal), secobarbital (Seconal), amobarbital (Amytal), and the seco-amobarbital mixture known as Tuinal. In large dosage, they cause severe poisoning, deep comas, respiratory and kidney failure, and death. Slang names include "rainbows," "blue devils," "reds," "yellows," "yellow jackets," "blues," and "blue heavens."

Benzodiazepines — A class of drugs used as anti-anxiety tranquilizers. Some are used to treat muscle spasms, convulsions, and alcohol withdrawal syndrome. The most common side effects are drowsiness, confusion, and loss of coordination. In combination with alcohol or barbiturates, these effects are addictive. Included in this class are chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), and chlorazepate dipotassium (Tranxene).

Benzoylecgonine — The principal metabolite of cocaine found in urine and used for detection and evidence of cocaine use.

Blind testing — The practice of knowingly submitting urine specimens containing drugs to determine laboratory accuracy.

Bluing agent — A chemical used to color toilet tank water blue.

Butabarbital — An intermediate-acting barbiturate used in sedative preparations.

Butalbital — A barbiturate used in various sedative preparations.

Cannabinoids — The constituents of marijuana (*Cannabis sativa*).

Case management — An individualized plan for securing, coordinating, and monitoring the appropriate treatment interventions and ancillary services necessary to treat each offender successfully for optimal justice system outcomes.

Chain of custody — The policies and procedures that govern collection, handling, storage, transportation, and testing of a urine specimen and dissemination of test results in a manner that ensures that the specimen and the results are correctly matched to the person who donated the specimen and that the specimen is not altered or tampered with from the point of collection through the reporting of test results.

Chromatography — A procedure used to identify substances, such as drugs of abuse, in urine. The substance is separated or extracted, allowed to move or migrate along a carrier, and then identified.

Class of drugs — A group of drugs with a related chemical structure.

CNS — Central nervous system.

Cocaine — An alkaloid refined from the cocoa plant that acts as a powerful short-acting stimulant and is pharmacologically similar to amphetamines. Its effects include euphoria, restlessness, excitement, and a feeling of well-being. Slang names include "coke," "flake," "star dust," and "snow." Freebasing, a process of converting cocaine into a form that can be smoked (usually called crack), involves heating with either lighter fluid or other solvents.

Codeine — An alkaloid of opium extracted from morphine. Codeine's effects resemble those of morphine but with only one-sixth to one-tenth of the analgesic action. Codeine is commonly found in cough medicine and minor prescription pain relievers.

Collection site — The place where individuals present themselves for the purpose of providing urine specimens to be analyzed for illegal drugs.

Concentration — Amount of a drug in a unit volume of biological fluid, expressed as weight per volume. Urine concentrations are usually expressed either as nanograms per milliliter (ng/ml), as micrograms per milliliter (µg/ml), or milligrams per liter (mg/l). (There are 28 million µg in an ounce, and 1,000 ng in a microgram.)

Confirmation test — A second test used to confirm positive results from an initial screening test. A confirmation test is made by a method more specific than a screening test and provides a greater margin of certainty.

Crack – Freebase form of cocaine (cocaine hydrochloride) that is usually smoked. Freebase refers to the absence of inert ingredients used to cut cocaine.

Cutoff level – The concentration of a drug in urine, usually in nanograms per milliliter (ng/ml), used to determine whether a specimen is positive (at or above the cutoff level) or negative (below the cutoff level) for the drug in question.

Drug abuser – An individual who uses illegal drugs or legal drugs in excess.

Drug addict – An individual who is unable to discontinue use of drugs.

Drug screen – Testing a specimen for the presence of drugs. A full screen tests for the presence of all categories of drugs. A partial screen tests a specimen for the presence of only those drugs that were found in a particular individual's initial full drug screen or are the most prevalently abused drugs in the local area.

Drug substance – An illegal drug or the metabolite of the drug that appears in urine and can be identified by drug testing.

Drug testing – In this document, drug testing refers solely to urinalysis and not to any other form of analysis such as blood, hair, sweat, or voice inflection.

EIA – Enzyme immunoassay. An immunoassay procedure used to identify drugs of abuse in urine by attaching an enzyme tag to the drug in question.

Elimination – The process by which drugs and metabolites are removed from the body.

Exigent circumstances – Unusual or irregular circumstances requiring urgent and immediate intervention.

External testing – The testing of urine specimens by professional technologists or technicians at a commercial laboratory located away from probation or parole facilities.

False negative – Report that a drug or metabolite has not been detected when the drug or drug metabolite is present in the specimen.

False positive – Report that a drug or metabolite has been detected when the drug or drug metabolite is not present in the specimen.

FPIA – Fluorescence polarization immunoassay. An immunoassay procedure used to identify drugs of abuse in urine by attaching a tag that glows or fluoresces to the drug in question.

GC – Gas chromatography. A method that uses gasses to separate drugs and metabolites to detect drugs in a specimen.

GC/MS – Gas chromatography/mass spectrometry. A specialized form of gas chromatography used in conjunction with mass spectrometry. GC/MS is considered the method of choice for the unequivocal identification of a drug.

Hallucinogens – A major classification of natural and synthetic drugs whose primary effect is to distort the senses. These drugs can produce hallucinations or experiences that depart from reality. Included in this classification are lysergic acid diethylamide (LSD), methylenedioxyamphetamine (MDA, MDMA), mescaline, peyote, PCP, and psilocybin.

Heroin – A semisynthetic opiate derivative used in a variety of cough and cold preparations. Its abuse potential is between that of codeine and morphine.

HIV – Human immunodeficiency virus. The term "HIV" has been internationally accepted in the scientific community as the appropriate name for the retrovirus that is the causative agent of AIDS.

HPLC – High-performance liquid chromatography. A method that used liquids to separate drugs and metabolites to detect drugs in a specimen.

HPTLC – High-performance thin-layer chromatography represents a specialized form of TLC developed for drugs that appear in low concentrations in urine.

Hydromorphone – A morphine derivative used as a narcotic or hydrochloride analgesic. Like morphine, it is addictive but is 5 to 10 times more toxic. Sold under the trade names of Dilaudid or Hydromorphone.

Immunoassay — A procedure used to identify substances, such as drugs of abuse, in urine, based on the competition between tagged and untagged antigens to combine with antibodies. The uncombined, tagged antigen is an indicator of the drug present in the urine specimen.

Initial test — A screening test designed to separate specimens with drugs above a certain minimum concentration cutoff level from those below that level.

Instrument test — A chemical test using a machine that remains in a stable location and must be calibrated and adjusted regularly.

Laboratory testing — The testing of urine specimens by professional technologists or technicians at a commercial laboratory.

Local agency — The organization(s) legally responsible for directing the probation and drug-testing program.

Mass spectrometer — A detection device that specifically identifies and quantifies the constituents of complex fluid mixtures. It is usually used in conjunction with a gas chromatograph.

Metabolism — The action of enzymes to alter a drug chemically and facilitate its removal from the body.

Metabolite — The product of metabolism.

Methadone — An opioid used in the maintenance treatment of heroin dependency because it prevents heroin withdrawal symptoms and fulfills the addict's physical need for the drug.

Methamphetamine — A central nervous system stimulant similar to amphetamine sulfate but more potent. It is a member of the amphetamine class and is preferred by habitual amphetamine users. In intravenous form, it produces an almost instantaneous onset of the drug's effect. Slang names include "meth," "speed," and "crystal."

Methaqualone — Nonbarbiturate sedative/hypnotic that produces sleep for about 6 to 8 hours. It also produces muscular relaxation, feelings of contentment, and total passivity.

Morphine — The principal active ingredient in opium. It is considered by some to be superior to other pain relievers.

Nanogram — One billionth of a gram.

Narcotic — Medically, usually refers to any drug that dulls the senses. It produces a sense of well-being in small doses and causes insensibility, stupefication, and even death in large doses.

Negative results — Test results indicating a drug is not detected at or above the threshold of a test.

Noninstrument test — A portable test requiring no calibration or formal instrumentation of any kind that is sometimes employed at a location outside of a juvenile probation and parole office or facility, such as a jail or an offender's home or place of employment. This methodology can also be used at any office or facility.

Offender — Any individual placed under institutional or field supervision by a probation department, parole board, or court.

Officer — For the purposes of this document, "officer" refers to juvenile probation and parole officers.

Onsite testing — The testing of urine specimens within criminal justice facilities using paraprofessional technicians.

Opiates — A major class of drugs that depress the central nervous system and are used principally to relieve pain. Examples include morphine, heroin, and codeine.

OTC — Over-the-counter drug available without a prescription.

Oxazepam — A tranquilizer member of the benzodiazepine class.

Oxycodone — A semisynthetic morphine derivative used as a pain reliever. Trade names include Percodan, Percocet-5, and Tylox.

Oxymorphone — A semisynthetic narcotic analgesic similar to morphine that produces less nausea, constipation, and respiratory depression.

PCP — Phencyclidine. A powerful depressant used illicitly for its hallucinogenic properties. It is most often smoked after being sprinkled on parsley, marijuana, or tobacco. Side effects include agitation, irritability, extreme excitation, visual disturbances, and delirium. Slang terms include "angel dust," "crystal," "super week," "rocket fuel," and "goon."

Phenmetrazine — A central nervous system stimulant of the amphetamine class used to suppress the appetite.

Phentermine — A sympathomimetic amine used in attack preparations as a vasoconstrictor and bronchodilator, usually in combination with an antihistamine drug.

Physiological dependence — A state of dependency or addiction in which one has physically adapted to a substance and often requires increasing amounts to achieve the same effect. Physical distress may be experienced upon discontinuing use of the drug.

Pipette — A syringe-like device used to pick up and dispense a measured amount of a urine specimen.

Policy — A high-level, overall plan that embraces the general goals of a drug-testing program. Policies provide the theoretical framework for deciding what is or is not an acceptable procedure for an agency's drug-testing program.

Positive result — Drug detected at or above the threshold of a test.

Precision — The ability of a testing method to perform consistently and to be free from external and internal sources of variation.

Presumed positive — A specimen identified at or above the screening test threshold but not yet subjected to confirmation testing.

Procedures — A series of steps to be performed in a regular definite order under specified conditions.

Proficiency testing specimen — A specimen for which the expected results are unknown to anyone in a laboratory. The results are known only by an external agency, and they are later revealed to the laboratory as an aid to laboratory improvement. The specimens may be "open" (the lab knows it is a proficiency specimen) or "blind" (the lab does not know it is a proficiency specimen).

Psychological dependence — A mental state involving a drive to repeated or continuous drug use to achieve pleasure or satisfaction and to avoid discomfort.

Qualitative — Chemical analysis to identify the components of a mixture.

Quality assessment — The system used to evaluate both the analytical and nonanalytical functions of a laboratory.

Quality assurance — Planned, systematic activities, both operational and organizational, that ensure a testing system routinely produces reliable results.

Quality control — The routine operational procedures that a laboratory institutes to ensure that its results are continually reliable.

Quantitative — Chemical analysis to determine the amounts of proportions of a mixture.

Random sampling (collection) — Obtaining juvenile urine specimens for testing without the juvenile's prior knowledge of when a specimen will be requested. This means unscheduled testing and should not be confused with the classic research design definition.

Reagent — A substance that takes part in a chemical reaction.

RIA — Radio immunoassay. An immunoassay procedure used to identify drugs of abuse in urine by attaching a radioactive tag to the drug in question.

Safety zone — The area of difference between the minimum sensitivity of an assay and the threshold.

Scheduled collection — Obtaining juvenile urine specimens for testing according to an established schedule.

Screening test — An initial test that is used to detect drugs of abuse in urine. Screening tests are less expensive and not as accurate as confirmation tests.

Secobarbital — A short-acting barbiturate.

Semiquantitative—A term for numerical results from immunoassay technology that is an approximation of the true quantitative result produced by GC/MS.

Sensitivity—The ability of a procedure to detect minute amounts of substances. This describes the lower limit of detection of a drug-testing method and is expressed in concentration units. A sensitive procedure will rarely fail to detect a substance if it is present; thus, few false negative results will occur.

Specificity—The ability of a procedure to react only with the drugs or metabolites being tested and to exclude other substances. A specific procedure is rarely positive if a substance is truly absent; thus, few false positive results will occur.

Split specimen—A laboratory specimen that is divided and, unknown to the analyst, is submitted as two different specimens with different identifications. This is often a part of a quality control check on the laboratory.

Standard—An authentic sample of the analyte of known purity, or a solution of the analyte of a known concentration used in laboratory quality control.

Test site—A laboratory or other such place designated by the agency where the juvenile's urine specimens are analyzed for the presence of illegal drugs.

THC—Tetrahydrocannabinol. The primary psychoactive compound present in marijuana.

Threshold—A defined urine, drug, or metabolite concentration; a value at or above threshold indicates a positive result, and a value below indicates a negative result. Also called the cutoff.

TLC—Thin-layer chromatography. A chromatographic procedure used to identify drugs of abuse in urine using a thin layer of material such as silicon as a carrier. The separated substances are dyed, and the resultant color and migration patterns are used to identify the drugs in question.

Tolerance—A physiological state in which there is a need to increase drug dosage progressively to produce the effect originally achieved by a smaller dose.

Turnaround time—The amount of time that elapses between receipt of a urine specimen and the availability of test results.

Urinalysis—The chemical analysis of urine to determine the presence or absence of substances. In the criminal justice setting, the substances being determined are drugs of abuse.

Withdrawal syndrome—Unpleasant physiological changes that occur when the drug is discontinued abruptly or when its effect is counteracted by a specific agent, such as a drug antagonist.

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Appendix: Drug-Testing Forms

The forms on the following pages are recommended for drug-testing programs. These may be duplicated and/or adapted for individual agency use. The source of each form is indicated at the bottom of each page. Those from the American Probation and Parole Association (forms 1–14) are from *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies*, published by the Office of Juvenile Justice and Delinquency Prevention in 1992. Those from the American Correctional Association and Institute for Behavior and Health, Inc. (forms 15–18) are from *Prototype Drug Testing Program for Juvenile Detainees*, published by the American Correctional Association in 1991.

Form 1: Instructions to Juvenile Offenders

1. Cooperate with the juvenile probation or parole officer and answer all questions honestly.
2. Provide or authorize release of any records requested by the juvenile probation or parole officer. These may include legal, medical, psychological, substance abuse treatment, educational, military, employment, financial, juvenile court, or other records.
3. As a condition of supervision, the offender is subject to random urine testing for alcohol and drug usage at such times as he or she is ordered to submit to these by a juvenile probation or parole officer.
4. Be advised that failure or refusal to submit to such testing or tampering with a urine specimen should be considered the same as a "positive" test.
5. Any positive result can lead to revocation and incarceration or such lesser penalty as may be appropriate.
6. Inform the juvenile probation or parole officer of all arrests and convictions. Inform the juvenile probation or parole officer of any new arrests that occur prior to sentencing in this case.

ACKNOWLEDGMENT

I, the undersigned, have read or had read to me the above information and understand these instructions. I understand that the court will be informed if I fail to cooperate or provide false, incomplete, or misleading information.

_____

Probation or Parole Officer

_____

Signature of Juvenile

_____

Date

Source: American Probation and Parole Association

Form 2: Drug-Testing Agreement

I, _____.

(probationer/parolee)

understand that I have been court ordered to undergo urinalysis drug testing throughout my probation. I further understand that the results of this test will be confidential, with the exception that these results may be made available to my probation officer or the court system when appropriate. I understand that repeated positive drug tests may result in a violation of my probation, leading to revocation.

_____

Signature of Juvenile

_____

Juvenile Probation or Parole Officer

_____

Date

Source: American Probation and Parole Association

Form 3: Request for Drug Test(s)

OFFENDER IDENTIFICATION INFORMATION:

Probationer/Parolee: _____ Age: _____ Sex: _____

Social Security #: _____ Agency #: _____

Officer name: _____ Officer district: _____

STATEMENT:

I am neither under the influence of any drugs or medication, nor have I taken any drugs or medication in the past three (3) weeks, other than those listed below. I certify that the urine specimen is my own, has not been tampered with by myself or anyone else, and I have sealed the container.

Medication within the past three (3) weeks: _____

as prescribed for me by: (Physician's Name) _____

Date: _____ Time: _____ Container sealed by: _____

Collection observer: _____ Juvenile signature: _____

ADMISSION:

I acknowledge that I have used the following illegal drugs within the past three (3) weeks: _____

Probationer/Parolee: _____ Date: _____

REFUSAL TO SUBMIT TO DRUG SCREEN: Date: _____

Probationer/Parolee signature: _____ Officer signature: _____

TYPE OF DRUG SCREEN REQUESTED:

Reason for request: ❑ Intake ❑ Suspected drug use ❑ Random test ❑ Scheduled test ❑ Other, specify: _____

❑ Full drug screen (tests for 5 categories) ❑ Partial drug screen (tests for 1–3 categories). Specify drugs: _____

CHAIN OF CUSTODY:

Date/Time	Released by	Received by	Purpose of change

TEST SITE USE ONLY:

Test methodology: _____ Test date: _____

Test performed: _____

❑ Barbiturate ❑ Benzodiazepine ❑ THC ❑ Cocaine ❑ Amphetamine ❑ Opiate ❑ Other, specify: _____

Location sent: _____

Container received by: _____ Time: _____

Specimen tested and results were: ❑ NEGATIVE ❑ POSITIVE for _____

Specimen tray #: _____ Position #: _____

Operator: _____ Date: _____

Date results received: _____

Confirmation test: ❑ Yes ❑ No Confirmation methodology: _____

Test performed: _____

❑ Barbiturate ❑ Benzodiazepine ❑ THC ❑ Cocaine ❑ Amphetamine ❑ Opiate ❑ Other

Specimen tested and results were: ❑ NEGATIVE ❑ POSITIVE for _____

Container received by: _____ Time: _____

Location sent: _____ Date sent: _____

Date results received: _____

Source: American Probation and Parole Association

Form 4: Substance/Medication Screen Record

Probationer/Parolee

Name: _____ Social Security #: _____

HT: _____ WT: _____ Sex: _____ Age: _____ DOC #: _____

Is the juvenile offender taking any of the following medications or prescriptions? If yes, please list time and amount of last dosage.

	Time/Amount
____ Allergy medication (Primatine, etc.)	_____
____ Antibiotics	_____
____ Over-the-counter stimulants	_____
____ Blood pressure medicine	_____
____ Cortisone/steroids	_____
____ Arthritis medication (Advil, Nalfon, etc.)	_____
____ Water pills (diuretics)	_____
____ Heart medicine	_____
____ Sleeping pills/sedatives	_____
____ Food containing poppy seeds (w/in 24 hrs)	_____
____ Tranquilizers/antidepressants	_____
____ Appetite suppressant	_____
____ Decongestants/nasal spray	_____
____ Cold medication	_____
Any other drugs or medication? If yes, please list	_____

_____ _____
Signature of Juvenile Date

_____ _____
Witness Date

_____ _____
Name of Physician(s) Date

Source: American Probation and Parole Association

Form 5: Specimen Collection Checklist

Name of Specimen Provider _____ DOC # _____

Test Conducted By _____ Date/Time _____

INITIAL EACH STEP UPON COMPLETION

_____ 1. Verify ID of specimen provider.

_____ 2. Have provider sign Consent and Release of Information Form and Substance/Medication Screen Record.

_____ 3. Place name, DOC #, agency, and office number on container label. Provider initials label.

_____ 4. Give provider container. Supervising officer present.

_____ 5. Collection observed.

_____ 6. Seal container top tightly. Place provider's name and DOC # on evidence tape with marker pen. Provider initials evidence tape next to name.

_____ 7. Specimen stored immediately or sent to onsite testing.

_____ 8. Complete Chain of Custody Form to accompany specimen to laboratory.

Source: American Probation and Parole Association

Form 6: Specimen Container Seal and Label

SEAL: Place seal over top of container.

LABEL: Wrap around container, overlapping ends of seal strip.

NAME OF JUVENILE _____ CLIENT # _____
Signature

PROBATION OR PAROLE OFFICER _____

DATE/TIME COLLECTED _____

MONITORED BY _____
Signature

Source: American Probation and Parole Association

Form 7: Chain of Custody Form

Name of juvenile _____

Signature of juvenile _____

Juvenile's I.D. # _____

Specimen collected by _____

Collection observed by _____

Date and time _____

For the analysis of _____

VERIFICATION, IDENTITY, AND CUSTODY OF THE SPECIMEN MAINTAINED BY:

Released By	Received By	Date/Time

TO BE COMPLETED BY TESTING PERSONNEL ONLY

Seal broken by _____ Date/Time _____

Test performed by _____ Date/Time _____

Test verified by _____ Date/Time _____

Source: American Probation and Parole Association

Form 8: Urinalysis Report

Date: _____ Time: _____

Juvenile name: _____

Probation or parole officer's name: _____

CHECK AND INITIAL APPROPRIATE BOX BELOW:

This specimen is being tested for a narcotic, dangerous drugs, or marijuana:

❑ I HAVE NOT taken any medication, narcotic, or over-the-counter drug 72 hours prior to producing this urine specimen.

❑ I HAVE taken medication, a narcotic, or over-the-counter drug 72 hours prior to producing this urine specimen. I took:

_____

_____

as prescribed for me by: _____

Physician's name

In producing this urine specimen, I certify: (1) I do not have on my person nor am I using any other urine or device that will cause the substitution of another's urine for my own; (2) I have not taken any substance that will cause any change in my urine for the purpose of avoiding detection of illegal drugs I have used.

I certify the above information is true and understand that giving false or misleading information shall constitute a violation of my probation.

Probationer's signature _____

Specimen collected at _____

Monitored by _____

Source: American Probation and Parole Association

Form 9: Positive Drug Test Statement

I, _____,

(Juvenile)

understand that I have received a positive urinalysis drug test for

_____ on _____

(Drug) (Date)

I further understand that I have 30 days to request a re-test of the specimen that yielded the positive result and if I do not request a re-test within 30 days, this represents an acceptance by me that the result is, in fact, positive. If I do request a re-test, I understand that I will pay all costs associated with the confirmation test, provided the confirmation test is also positive. If the confirmation test is negative, the agency will pay the costs for the re-test.

_____ I do hereby waive my option of a confirmation test and accept the positive result of the initial screen. I recognize that this acceptance constitutes a full admission of drug use during the period covered by the specimen.

_____ I do hereby request a re-test (confirmation test) of the specimen that yielded the above positive result. I will pay the cost for the re-test if the initial positive test is confirmed.

_____ _____

(Signature of juvenile) (Date)

_____ _____

(Officer's signature) (Date)

Source: American Probation and Parole Association

Form 10: Authorization for Release of Drug Test and Result Information

Juvenile's name _____ Birthdate _____

I, _____ and/or _____
(Juvenile's name) (Name of parent or conservator)

Authorize _____
(Releasing agency)

Disclose to: _____
(Name)

_____
(Street address)

_____
(City) (State) (ZIP)

_____
(Name, if any, of person to whom attention should be made)

The following information: _____
(Specify the nature and extent of information to be released)

For the following purpose: _____
(State purpose of disclosure)

This authorization and consent is made for the purpose of reporting my drug test(s) and drug test result(s) to the above-designated individual and/or organization.

This authorization and consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, this consent terminates on:

_____
Month/Day/Year

Releasor, its agents and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.

_____
(Signature of juvenile) (Date)

_____
(Signature of parent or conservator) (Date)

_____
(Witness) (Date)

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR pt. 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500, in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

Source: American Probation and Parole Association

Form 11: Urinalysis Test Record

Agency submitting specimen _____

Date of run _____ Lab technician _____

Operator's initials _____ Calibration expiration date _____

Lot # of reagent _____ Expiration date of reagent _____

Negative cal. rate _____

Low cutoff _____

Control Number	IRS	Assay Results	Positive	Negative	If Positive Results	Confirmation

Source: American Probation and Parole Association

Form 12: Probationer/Parolee Status Report

To judge: _____

From: _____
(Probation officer)

Approved: _____
(Chief probation officer)

RE: Probationer/Parolee _____

Docket #(s) _____ Probation # _____

Offense _____

Probation date _____ Expiration date _____

Date _____ Attachments _____

_____

PURPOSE:

NOTIFICATION THAT URINE SPECIMEN WAS TAKEN: _____

WAS POSITIVE FOR: _____

WAS NEGATIVE FOR: _____

_____

SUMMARY:

Another positive for illicit drugs, within the next 6 months, will result in a request for a juvenile probation or parole violation hearing.

Please respond if this course of action is unacceptable.

_____

Judge's response: Please indicate any decision below and return it to the probation department.

DECISION JOURNALIZED? _____Yes _____No

(Note: Decisions such as capias, extension, and early release must be journalized.)

Judge's signature _____ Date _____

Source: American Probation and Parole Association

Form 13: Agency Monthly Drug-Testing Summary Log

Test site: _____

Report for tests performed
during the month of: _____ Facility: _____

	Initial		Random		Offender	
	#Pos	#Neg	#Pos	#Neg	#Pos	#Neg
Drug tested: _____	____	____	____	____	____	____
Drug tested: _____	____	____	____	____	____	____
Drug tested: _____	____	____	____	____	____	____
Drug tested: _____	____	____	____	____	____	____
Drug tested: _____	____	____	____	____	____	____
Drug tested: _____	____	____	____	____	____	____
Drug tested: _____	____	____	____	____	____	____
Total: _____	____	____	____	____	____	____

Source: American Probation and Parole Association

Form 14: Drug-Testing Control Log

Probation Officer	Collection Personnel	Offender	Case ID#/ SS #	Time/Date Urine Collected	Time/Date Urine Transferred to Test Site	Date Test Results Received	Results POS/NEG Code	Confirmed YES/NO	Final Action Code

A-16

POSITIVE TEST CODES:
1 - Opiates
2 - Amphetamines
3 - Barbiturates
4 - Benzodiazepines
5 - Cocaine
6 - Cannabis (THC)
7 - Methaqualone
8 - Phencyclidine
9 - Alcohol

FINAL ACTION CODE:
A - Verbal warning
B - Written warning
C - In-house sanction
D - Increase testing frequency
E - Treatment ordered
F - Partial revocation
G - Full revocation

Source: American Probation and Parole Association

Form 15: Urine Test Consent Form

[The consent form used by the detention center needs to reflect the philosophy of the drug-testing program. State laws must be reviewed to establish appropriate language. In some jurisdictions that require consent, blanket consent can be obtained from the judge through a court order.]

I understand that an important aspect of the ABC Juvenile Detention Facility is routine urine screening for drugs. I understand that failure to consent to these drug screen tests may jeopardize my case management. I further understand that the result of this test will not result in new charges against me.

I authorize the ABC Juvenile Detention Facility to use the results of my drug tests within the confines of the program by authorized juvenile justice personnel in accordance with legal guidelines.

Signed _____ Witnessed _____

Date _____ Date _____

Source: American Correctional Association/Institute for Behavior and Health, Inc.

Form 16: Chain of Custody Form for Onsite Drug Testing

JUVENILE NAME OR ID #: _____

INITIAL SCREEN INFORMATION:

Specimen collected by: _____ Date: _____ Time: _____

Donor's verification signature: _____ Date: _____ Time: _____

Specimen received by: _____ Date: _____ Time: _____

Specimen analyzed by: _____ Date: _____ Time: _____

RESULTS:

Negative for: _____

Positive for: _____

Comments: _____

CONFIRMATION:

Sent for confirmation by: _____ Date: _____ Time: _____

Name of lab/test used: _____

Specimen analyzed by: _____ Date: _____ Time: _____

RESULTS:

Negative for: _____

Positive for: _____

For: _____

Results sent to: _____

Results received by: _____

Source: American Correctional Association/Institute for Behavior and Health, Inc.

Form 17: Drug Test Request Form for Onsite Testing Program
(Chain of Custody)

CONFIDENTIAL—Urine Drug Test Request Form—CONFIDENTIAL

JUVENILE NAME OR ID #: _____

Collection Information:

Date: _____ Time: _____

Requested by: _____

Collected by: _____

Medications being taken: _____

Comments: _____

_____

Specimen Received by Lab:

Date: _____ Time: _____

Received by: _____

Tests Requested:

_____ Amphetamines

_____ Barbiturates

_____ Benzodiazepines

_____ Cannabinoids

_____ Methadone

_____ Methaqualone

_____ Opiates

_____ Phencyclidine

_____ Other tests _____

_____

Initial Screen:

Analyzed by: _____

Results:

Negative for: _____

Positive for: _____

Retest:

Sent for reanalysis by: _____

Date: _____ Time: _____

Testing method used: _____

Reanalysis done by: _____

Date: _____ Time: _____

Results:

Negative for: _____

Positive for: _____

Results sent to: _____

Date: _____ Time: _____

Results received by: _____

Date: _____ Time: _____

Comments: _____

_____

Form 17: Drug Test Request Form for Onsite Testing Program *(continued)*

CONFIDENTIAL

JUVENILE NAME OR ID #: _____

COLLECTION INFORMATION:

Collected by: _____

Date: _____ Time: _____

Client's verification signature: _____

Medications being taken: _____

Comments: _____

TESTS REQUESTED:

_____ Alcohol

_____ Amphetamines

_____ Barbiturates

_____ Benzodiazepines

_____ Cannabinoids

_____ Cocaine

_____ Methadone

_____ Methaqualone

_____ Opiates

_____ Phencyclidine

_____ Other tests _____

_____

RESULTS:

Negative for: _____

Positive for: _____

Comments: _____

CONFIRMATION REQUESTED:

_____ Yes, for the following drugs: _____

_____ No

Authorized signature: _____ Date: _____

Source: American Correctional Association/Institute for Behavior and Health, Inc.

Form 18: Record of Drug Test Results (for onsite testing)

NAME OF DETAINEE: _____

Date of birth: _____ Age: _____ Male: _____ Female: _____

Black: _____ White: _____ Hispanic: _____ Other: _____

Date of admission: _____

Date of drug test (if different): _____

Drug test performed by: _____

Drug Tested	Result of Screening Test
Alcohol	_____
Marijuana	_____
Cocaine	_____
Opiates	_____
Amphetamines	_____

Positives retained _____ Yes _____ No

Information released to: _____

Detainee informed of results by: _____

Medical review conducted by (if different): _____

Comments: _____

Source: American Correctional Association/Institute for Behavior and Health, 1994

Publications From OJJDP

OJJDP produces a variety of publications that range from Fact Sheets and Bulletins to Summaries, Reports, and the *Juvenile Justice* journal along with videotapes, including broadcasts from the juvenile justice telecommunications initiative. The documents and videotapes are available through a variety of means, including hard copy and online through OJJDP's Web site and the Juvenile Justice Clearinghouse (JJC). Fact Sheets and Bulletins are also available through Fax-on-Demand. To ensure timely notice of new publications, subscribe to JUVJUST, OJJDP's electronic mailing list. Contact information for the OJJDP Web site, JJC, and instructions for subscribing to JUVJUST are noted below. In addition, JJC, through the National Criminal Justice Reference Service (NCJRS), is the repository for tens of thousands of criminal and juvenile justice publications and resources from around the world. They are abstracted and made available through a data base, which is searchable online (www.ncjrs.org/database.htm). You are also welcome to submit materials to JJC for inclusion in the data base.

The following list highlights popular and recently published OJJDP documents and videotapes, grouped by topical area.

Corrections and Detention

Beyond the Walls: Improving Conditions of Confinement for Youth in Custody. 1998. NCJ 164727 (116 pp.).

Boot Camps for Juvenile Offenders. 1997. NCJ 164258 (42 pp.).

Conditions of Confinement Teleconference (Video). 1993. NCJ 147531 (90 min.), $14.00.

Effective Programs for Serious, Violent and Chronic Juvenile Offenders Teleconference (Video). 1996. NCJ 160947 (120 min.), $17.00.

Juvenile Arrests 1996. 1997. NCJ 167578 (12 pp.).

Juvenile Boot Camps Teleconference (Video). 1996. NCJ 160949 (120 min.), $17.00.

Courts

Has the Juvenile Court Outlived Its Usefulness? Teleconference (Video). 1996. NCJ 163929 (120 min.), $17.00.

Offenders in Juvenile Court, 1995. 1997. NCJ 167885 (12 pp.).

RESTTA National Directory of Restitution and Community Service Programs. 1998. NCJ 166365 (500 pp.), $33.50.

Delinquency Prevention

1996 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs. 1997. NCJ 165694 (100 pp.).

Allegheny County, PA: Mobilizing To Reduce Juvenile Crime. 1997. NCJ 165693 (12 pp.).

Combating Violence and Delinquency: The National Juvenile Justice Action Plan (Report). 1996. NCJ 157106 (200 pp.).

Combating Violence and Delinquency: The National Juvenile Justice Action Plan (Summary). 1996. NCJ 157105 (36 pp.).

Communities Working Together Teleconference (Video). 1996. NCJ 160946 (120 min.), $17.00.

Keeping Young People in School: Community Programs That Work. 1997. NCJ 162783 (12 pp.).

Mentoring—A Proven Delinquency Prevention Strategy. 1997. NCJ 164834 (8 pp.).

Mentoring for Youth in Schools and Communities Teleconference (Video). 1997. NCJ 166376 (120 min.), $17.00.

Mobilizing Communities To Prevent Juvenile Crime. 1997. NCJ 165928 (8 pp.).

Reaching Out to Youth Out of the Education Mainstream. 1997. NCJ 163920 (12 pp.).

Serious and Violent Juvenile Offenders. 1998. NCJ 170027 (8 pp.).

Treating Serious Anti-Social Behavior in Youth: The MST Approach. 1997. NCJ 165151 (8 pp.).

Youth Out of the Education Mainstream Teleconference (Video). 1996. NCJ 163386 (120 min.), $17.00.

Youth-Oriented Community Policing Teleconference (Video). 1996. NCJ 160947 (120 min.), $17.00.

Gangs

1995 National Youth Gang Survey. 1997. NCJ 164728 (41 pp.).

Gang Members and Delinquent Behavior. 1997. NCJ 165154 (6 pp.).

Youth Gangs in America Teleconference (Video). 1997. NCJ 164937 (120 min.), $17.00.

General Juvenile Justice

Comprehensive Juvenile Justice in State Legislatures Teleconference (Video). 1998. NCJ 169593 (120 min.), $17.00.

Guidelines for the Screening of Persons Working With Children, the Elderly, and Individuals With Disabilities in Need of Support. 1998. NCJ 167248 (52 pp.).

Juvenile Justice, Volume III, Number 2. 1997. NCJ 165925 (32 pp.).

Juvenile Justice, Volume IV, Number 2. 1997. NCJ 166823 (28 pp.).

Juvenile Justice, Volume V, Number 1. 1998. NCJ 170025 (32 pp.).

Juvenile Justice Reform Initiatives in the States 1994–1996. 1997. NCJ 165697 (81 pp.).

A Juvenile Justice System for the 21st Century. 1998. NCJ 169726 (8 pp.).

Juvenile Offenders and Victims: 1997 Update on Violence. 1997. NCJ 165703 (32 pp.).

Juvenile Offenders and Victims: A National Report. 1995. NCJ 153569 (188 pp.).

Sharing Information: A Guide to the Family Educational Rights and Privacy Act and Participation in Juvenile Justice Programs. 1997. NCJ 163705 (52 pp.).

Missing and Exploited Children

Court Appointed Special Advocates: A Voice for Abused and Neglected Children in Court. 1997. NCJ 164512 (4 pp.).

Federal Resources on Missing and Exploited Children: A Directory for Law Enforcement and Other Public and Private Agencies. 1997. NCJ 168962 (156 pp.).

In the Wake of Childhood Maltreatment. 1997. NCJ 165257 (16 pp.).

Portable Guides to Investigating Child Abuse: An Overview. 1997. NCJ 165153 (8 pp.).

When Your Child Is Missing: A Family Survival Guide. 1998. NCJ 170022 (96 pp.).

Status Offenders

Curfew: An Answer to Juvenile Delinquency and Victimization? 1996. NCJ 159533 (12 pp.).

Truancy: First Step to a Lifetime of Problems. 1996. NCJ 161958 (8 pp.).

Substance Abuse

Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (Video and discussion guide). 1996. NCJ 162357 (16 min.), $17.00.

Capacity Building for Juvenile Substance Abuse Treatment. 1997. NCJ 167251 (12 pp.).

Drug Identification and Testing in the Juvenile Justice System. 1998. NCJ 167889 (92 pp.).

Juvenile Offenders and Drug Treatment: Promising Approaches Teleconference (Video). 1997. NCJ 168617 (120 min.), $17.00.

Preventing Drug Abuse Among Youth Teleconference (Video). 1997. NCJ 165583 (120 min.), $17.00.

Violence and Victimization

Child Development—Community Policing: Partnership in a Climate of Violence. 1997. NCJ 164380 (8 pp.).

Combating Fear and Restoring Safety in Schools. 1998. NCJ 167888 (16 pp.).

Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings. 1996. NCJ 160935 (134 pp.).

Conflict Resolution for Youth Teleconference (Video). 1996. NCJ 161416 (150 min.), $17.00.

Developmental Pathways in Boys' Disruptive and Delinquent Behavior. 1997. NCJ 165692 (20 pp.).

Epidemiology of Serious Violence. 1997. NCJ 165152 (12 pp.).

Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. 1995. NCJ 153571 (6 pp.).

Reducing Youth Gun Violence Teleconference (Video). 1996. NCJ 162421 (120 min.), $17.00.

Youth in Action

Planning a Successful Crime Prevention Project. 1998. NCJ 170024 (28 pp.).

The *Office of Juvenile Justice and Delinquency Prevention Brochure* (1996, NCJ 144527 (23 pp.)) offers more information about the agency.

The *OJJDP Publications List* (BC000115) offers a complete list of OJJDP publications and is also available online.

Through OJJDP's Clearinghouse, these publications and other information and resources are as close as your phone, fax, computer, or mailbox.

Phone:
800–638–8736
(Monday–Friday, 8:30 a.m.–7:00 p.m. ET)

Fax:
301–519–5212

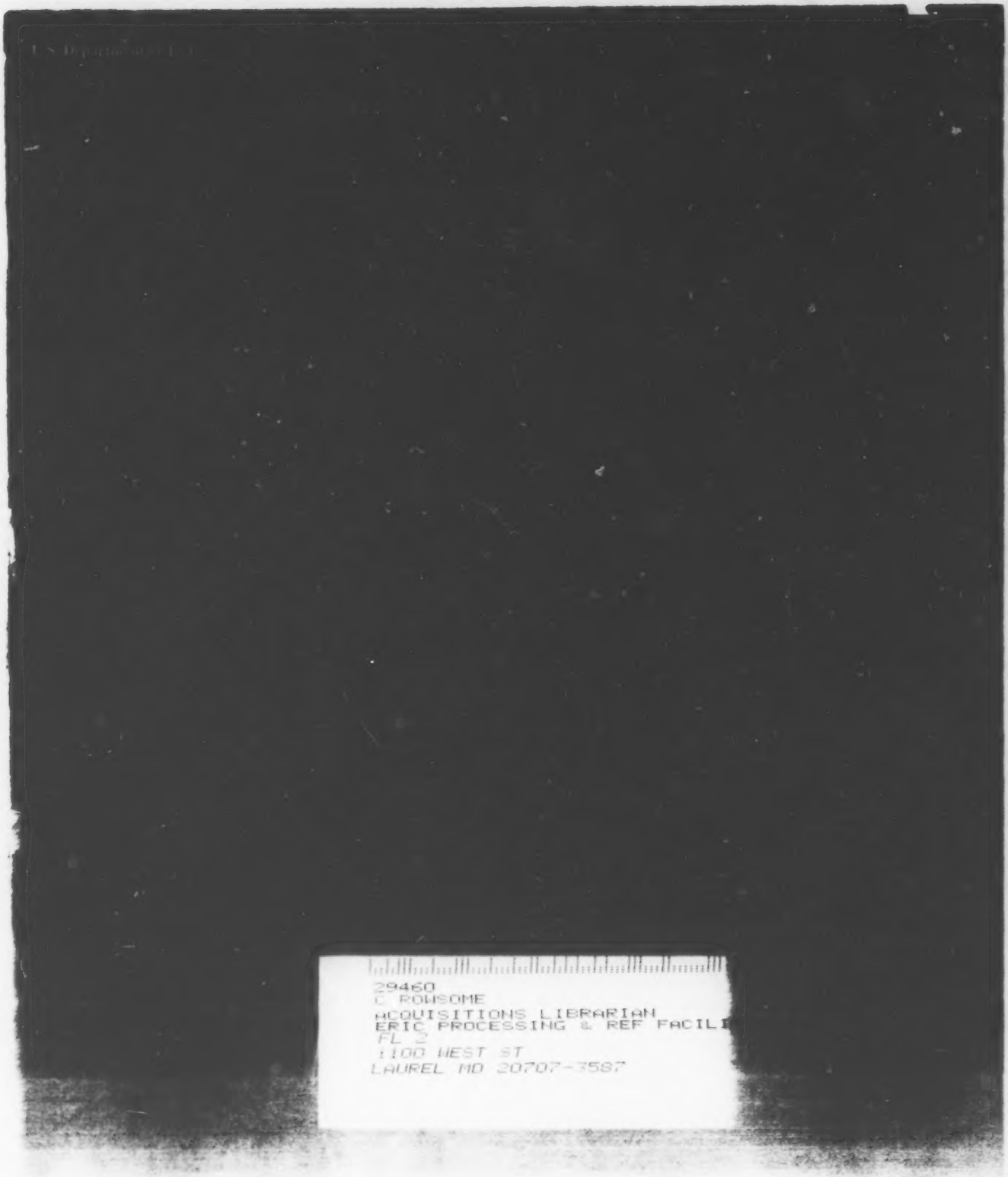
Fax-on-Demand:
800–638–8736, select option 1, select option 2, and listen for instructions.

Online:

OJJDP Home Page:
www.ncjrs.org/ojjhome.htm

E-Mail:
askncjrs@ncjrs.org
JUVJUST Mailing List:
e-mail to *listproc@ncjrs.org*
leave the subject line blank
type *subscribe juvjust your name*

Mail:
Juvenile Justice Clearinghouse/NCJRS
P.O. Box 6000, Rockville, MD 20849–6000



Summary

NCJ 167889

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